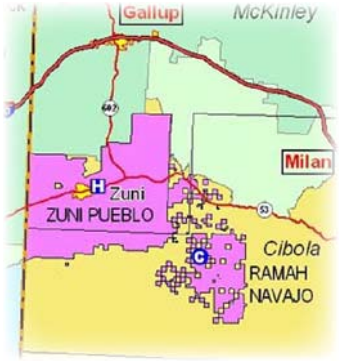
Health Services and Facilities Master Plan

FINAL 1/12/06



ZUNI · RAMAH Service Unit

New Mexico

CL Associates, Inc.
Santa Fe, NM

Health Services and Facilities Master Plan

Final 1/12/06

Zuni • Ramah
Service Unit

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Table of Contents

Index of Tables & Images

Introduction

In the FY 2000 Appropriation Bill for the Public Health Service, the United States Congress directed Indian Health Service (IHS) to determine the level of services and the types of facilities needed to supply these services through the year 2015. The IHS' Office of Environmental Health and Engineering (OEHE) was assigned responsibility for overseeing the process. In February 2003, Dr. Charles Grim, Assistant Surgeon General of the Department of Health and Human Services, instructed all Area IHS offices to develop a Health Services and Facilities Master Plan (HSFMP) to meet the Congressional directive.

The Albuquerque Area IHS assessed its resources and initiated its planning process by October 2003. The Albuquerque Area HSFMP has been developed over 18 months by integrating statistical analysis and site visits with participation from tribes, Service Unit health boards, IHS administration, and medical staff. It is the product of research, community outreach, statistics, analysis, discussion, and document review. Its purpose is to guide the development of health care services and facilities through the year 2015.

Planning for the Zuni-Ramah Service Unit (ZRSU) HSFMP occurred throughout 2004 and early 2005. All of ZRSU's data will ultimately be blended with the HSFMPs of the eight other Albuquerque Area Service Units, and result in the Albuquerque Area Health Services and Facilities Master Plan.

Appendix A provides a glossary of acronyms and terms used throughout this report. Other documents, most notably the U.S. Commission on Civil Rights report "Broken Promises: Evaluating the Native American Health Care System," and historical information about legislation concerning health care for Indian were reviewed as background information for this report, and they are summarized in Appendix B. Other documents reviewed include "The IHS Strategic Plan: Improving the Health of American Indian and Alaska Native People Through Collaboration and Innovation", January 2003; "Transitions 2002: A Five Year Initiative to Restructure Indian Health", October 2002; "A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country" July, 2003, U.S. Commission on Civil Rights; and "A Comprehensive Mental Health Care System for Native Americans in new Mexico", November 1993, University of New Mexico Department of Psychiatry.

Plan Summary

The Zuni-Ramah Service Unit HSFMP:

- Provides an overview of the IHS existing hospital and clinical buildings in the Zuni-Ramah Service Unit.
- Identifies the services currently provided within those facilities, based on staff input and statistical research;
- Identifies the need, based on user population and projected population, for expanded services and facilities by the year 2015;
- Estimates the amount of investment required to meet these needs;
- Reports significant findings; and
- Proposes strategies to meet the needs identified.

Executive Summary

Zuni Ramah Service Unit consists of one hospital / ambulatory clinic located on the Zuni Reservation. A facility owned and operated by the Ramah Band of Navajo Indians in Pine Hill, New Mexico receives funding for ambulatory, dental, mental health, laboratory and pharmacy services under Indian Self Determination Act allowances based on tribal shares, but retains in-patient and Contract Health Service dollars at the Zuni-Ramah Service Unit.

In spite of financial resources that are decreasing relative to a growing patient visit workload, ZRSU has been able to avoid the serious financial debt that other service units have incurred and therefore provide more consistent care to its patients. For example ZRSU has decided to use a greater percentage of its third party reimbursement funds to provide critical fulltime podiatry care to diabetics, as well as pay for fulltime outpatient and inpatient physical therapy.

In 2004 the federal appropriation for ZRSU based on tribal shares and Resident Active User Population was $8,010,547 for staffing of the Indian Hospital inpatient and outpatient medical facilities, equipment, and facility management; another $2.4 million was provided for Contract Health Services. The Zuni Pueblo received $** for its ISDA/638 mental health and diabetes outreach programs. The IHS allocation was supplemented by approximately $9 million from third party reimbursements including Medicare and Medicaid. With more than 40% of its revenue dependent on Medicare and Medicaid funding, the ZRSU will need to make difficult changes to accommodate its future existence.

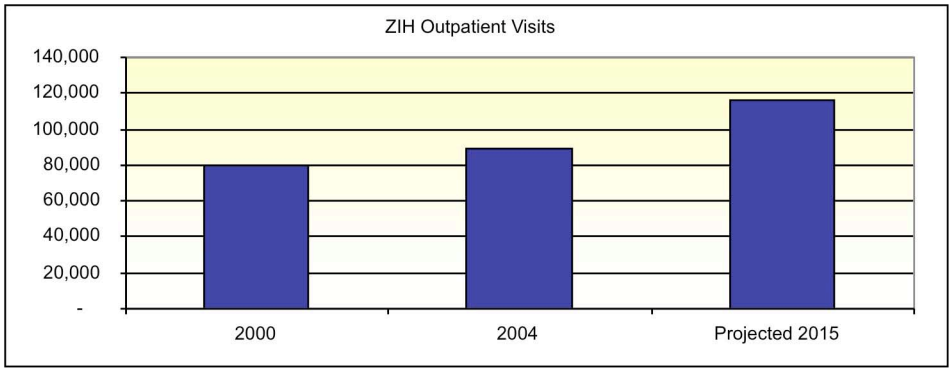
Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019. Over the next 10 years Medicare and Medicaid funding requirements will become increasingly difficult,

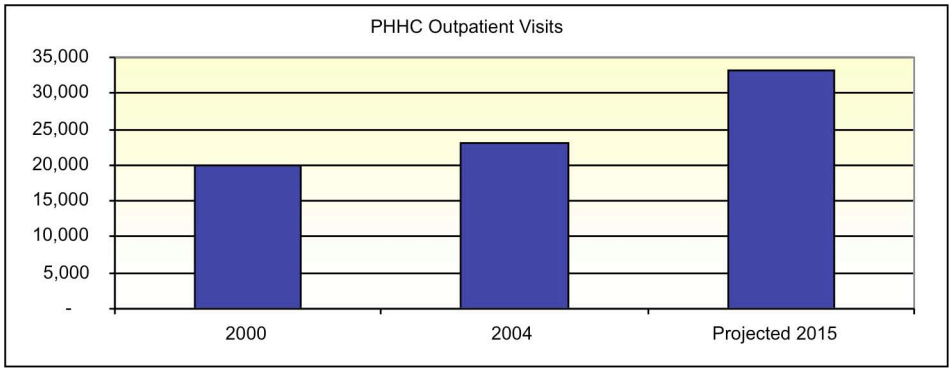
and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of "pay for performance" will be instituted so that payment will be based on performance indicators rather than outcomes.

The existing Zuni Indian Hospital was built in 1979 and originally designed as in patient facility with an ambulatory clinic to accommodate regular medical patient visits, laboratory, pharmacy, and dental. The facility has long outgrown its capacity as an outpatient clinic and was recently forced to make major renovations to accommodate the increased burden in ambulatory care. Annual income from third party dollars reserved through long term planning allowed the Service Unit to direct a percentage of these dollars into a special Construction Fund to pay for these renovations. Among the renovations and improvements made throughout 2004, expanded lab space and services, digital Xray capabilities.

In 2004 the ZIH recorded a total of 89,312 outpatient visits, up 12% from 2000 when the ZIH recorded 79,476 outpatient visits. Pine Hill Health Center experienced a 13% growth during this same time period – from 20,414 outpatient visits in 2000 to 23,033 in 2004. Based on historical use patterns the ZIH could expect to see at least 116,336 out- patient visits in the year 2015, while Pine Hill could expect at least 33,223 patient visits by 2015.

ZRSU Outpatient Visits 2000-2004 with 2015 Projections



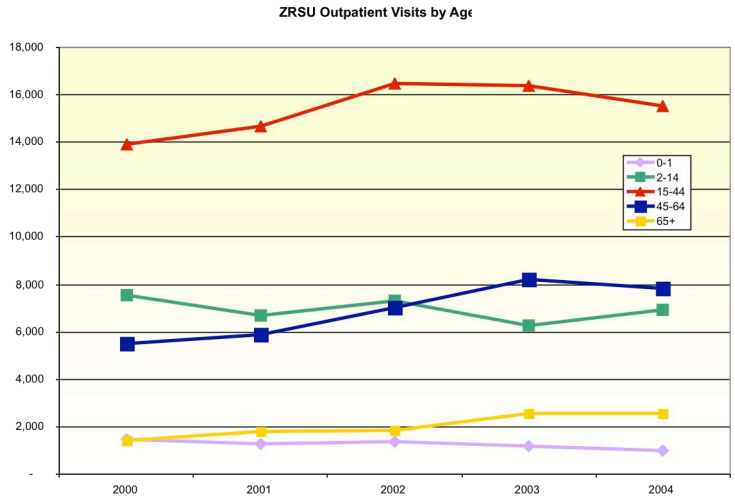


As the number of Active User patients grows the number of inpatient admissions is decreasing. Since experiencing a "peak" of inpatient services in 2000 ZIH has seen a reduction in admissions/discharges, as well as services provided and the number of providers. The average daily count fell from 9.0 patients in 2000 to 7.5 in 2004 – relatively low by any hospital industry standard for a viable in-patient facility.

In the year 2000 ZIH reduced the number of staffed beds from 37 to 27, and in 2004 the number of staffed beds was reduced further to 18. Overall occupancy rates based on 27 beds fell from 33% and 3,278 patient days/year in 2000, to 2,739 days/year in 2004. Since the number of staffed beds fell to 18 in 2004 however, the overall occupancy rate for 2004 was actually 42%. By most health planning standards this would be an economically challenged in-patient enterprise.

In 2004 approximately one percent (1%) of patients in the ZRSU were "Other" – not enrolled in either Zuni Pueblo or the Ramah Band of Navajo Indians and therefore services were provided without reimbursement by IHS. Although some of these patients may be eligible for Medicare and/or Medicaid insurance, many are not. Based on the Projected User Population the ZRSU health care delivery system will see a 12% rise in Active User population by the year 2015 – to 11,926 Users. Historical use patterns indicate that the ZIH alone could experience a 43 percent growth over 2004 outpatient visits by the year 2015.

Zuni OP Visits 2000-2004 By Age



Although the average age of the ZRSU Active User population is about 26 years, 43% of the patient visits came from individuals over 45 years of age while patient visits from the 65+ age group alone increased 57% from 2000 - 2004.

Approximately 39 percent of patient visits from the Ramah Band of Navajo were from individuals over 45 years old while patient visits from the 65+ age group increased by 62% from 2000 - 2004. As the 'bubble' population in the 15-44 range ages, ZRSU services and facilities will obviously need to change to accommodate more prevention and prepare for diseases known to affect this aging population.

With renovations completed in 2005 the Zuni Indian Hospital has expanded ambulatory clinic space to 62,150 square feet but is still inadequate to meet projected space needs indicated with the Health Systems Planning Software and projected 2015 Active Users. Documentation prepared for this Plan indicates that by the year 2015, with 11,926 Active Users, the Zuni Indian Hospital will need an ambulatory facility of at least 115,745 square feet. Inpatient space however is projected for 2015 at only 7,545 square feet, already exceeded by the current square footage of 23,190 square feet of inpatient space,

In summary, by 2015 the ZRSU will be forced to provide patient services to an increasing – and aging – population, with even fewer resources.

Despite limited – and decreasing – funding, ZRSU has demonstrated the ability to provide basic health care to the 10,795 total Active Users within its boundaries. This has been achieved in spite of lower per capita expenditures for health care, estimated by the IHS to be less than 60% of national levels, and lower availability of health care services (25% annual availability of dental services versus 60% for U.S. population overall). Complicating these factors are the limited number of providers – almost 50% less per capita than the U.S. population overall.

The annual IHS budget has increased only approximately 3% per year for facilities and services –much of which must be used for federally mandated "Cost of Living Adjustments" for staff salaries. The impact of this minimal increase on the IHS' ability to provide quality health care services cannot be understated. It has also resulted in under-funding of facilities, equipment, and other capital investment necessary to provide adequate health care services.

While an admirable approach, the "do more with less" medical practice can mean that true health care needs are never fully addressed, preventive care is neglected, and longer term, more serious chronic conditions result. An example is the 2004 Area-wide decision to restrict medical coverage to Priority One levels of care. The long-term outcomes of these reductions point to an increased – not decreased—health care burden on providers and facilities by the year 2015.

Planning Process

The Zuni-Ramah Service Unit is composed of two tribes (Zuni Pueblo and the Ramah Band of Navajo Nation) spread over approximately ** square miles. (Zuni reservation is 400,000 acres) While the Ramah Band has a health center in Pine Hill, New Mexico, the Zuni Indian Hospital is widely used by both tribes as a health clinic providing regular ambulatory medical, dental and mental health services.

From April 2004 to March 2005, the ZRSU Health Board, including tribal council members, IHS employees, and members of tribal health programs staff met to provide input to the HSFMP regarding the level of services desired by the year 2015, medical service priorities, and a core list of ZRSU Strengths, Weaknesses, Opportunities, and Threats (Appendix C). These documents help to form the basis for the HSFMP design and prioritization. A list of contacts and attendees from meetings are provided in Appendix D.

Tribal leaders were consulted regarding improvement to health care services and expansion of facilities in the process of researching and writing this HSFMP. As a part of the substantial outreach to tribal leaders each has been provided information regarding the major health issues of their specific tribe, significant data to assist each tribe as it plans its health care delivery system, community health education/outreach programs, and other services under the Indian Self-Determination Act.

Service Unit administrative staff and tribal representatives reviewed and discussed use of the health facilities, including:

- the number of patient visits by categories of disease classification with historical perspective (Fiscal Years 1997 – 2004);
- provider workload based on these patient visits;
- pharmacy, laboratory, x-ray, dental, and medical visits;
- list of services currently provided by IHS and services that should be provided by 2015, based on tribal need;
- current and needed services in terms of “quality of care” and appropriate distance to obtain the service;
- services ranked in order of priority to assist tribal leaders and IHS administration to better understand critical needs; and
- Strengths, Weaknesses, Opportunities, Threats (SWOT presented in Appendix C).

In addition, interviews with key staff provided information regarding facility operating hours, current staffing levels and projected staffing needs for 2015, productivity and efficiency, and recommendations for improvements in provision of health services, administrative functions, equipment, and the physical facility. Questionnaire responses are included in matrix format in Appendix E.

Administration and medical staff were consulted regarding the disparity of statistics between two systems used by IHS for data reporting: the Resource and Patient Management System (RPMS) and the IHPES/ORYX databanks. In some cases, staff doubted the statistics from both data reporting systems because they seemed too low and unrepresentative of actual patient use. The consultants determined that the IHPES/ORYX reports were more reliable, had less duplication of data and had more “clean” data across all service units in the Albuquerque Area. The IHPES/ORYX database was therefore chosen as the source for analysis. A few exceptions are noted, and RPMS was included in the HSFMP to elaborate on specific issues.

Medical diagnostic statistics for the IHS user population of Zuni Pueblo and the Ramah Band of the Navajo Nation were provided to health board members and tribal leaders. This included, for example, the number of living patients diagnosed with Diabetes Mellitus Type 2 and its complications as of July 1, 2004. Data were pulled from the IHS-RPMS database using specific search criteria within the Q-Man data system for International Codes of Diagnostics (ICD-9) of Diabetes Mellitus Type 2. Other data provided includes patient diagnoses of asthma, hypertension, cancer, heart disease, and high cholesterol.

This information was presented to help tribal leaders and medical staff analyze the level of need based on diagnosis, patient volume, and provider workload and to determine adequate care for current and future needs. Included in the HSFMP is a description of existing facility and its adequacy to meet current and future service demands. The HSFMP developed as a result of this process will assist the ZRSU and the Albuquerque Area IHS to determine primary care and specialty care needs as well as the facilities required to ‘house’ these services.

Findings: Health Services

The following findings and recommendations are the result of an 18-month planning process that included site visits, interviews with staff, and consultation with Health Board members and tribal leaders.

RPMS data based patient registration files shows that the number of patients registered at ZRSU rose by 17% in seven years -- from 21,141 in 1997 to 25,433 patients in 2004. In 2004 ZRSU reported 770 **new** registered patients; previous years show an average of 640 newly registered patients each year. No patient is ever 'removed' from the Registered Patient Index and as a result this number will only continue to expand through the years. Registered users can also reflect one-time use of the facility by a patient from another region of the country traveling through Zuni Pueblo and stopping for medical services.

IHS Funding formulas and planning tools however, rely on the Active User Population which is substantially less. An Active User is defined as a patient who has interacted with any IHS facility across the United States at least once in the past three years. This means for example, that a Zuni Indian who receives medical care in Oklahoma will be counted as an Active User but his count will be 'credited' back to the Zuni-Ramah Service Unit for funding. It also means that a non-Zuni Indian who receives care at the Zuni Indian Hospital will be counted as a ZRSU Active User but funds are credited back to his own tribe's Service Unit.

ZRSU Active User Population

	FY 97	FY 04	# Change	% Change	2015 projected (1)	% Change 04 - 15
Active User Population	10,842	10,795	(47)	0%	11,926	12%
Zuni	7621	7657	36	0%	8,462	12%
Ramah	2741	2717	(24)	-1%	3,114	12%
Other	480	421	(59)	-16%	426	12%

(1) Projected population is based on the percentage of change in the 1990 – 2000 U.S. Census population of the county where the reservation is located.

Although licensed as a rural hospital, the Zuni Indian Hospital (ZIH) is primarily used as an ambulatory health clinic. The chart below shows the growth in number of Outpatient visits from FY 2000 – FY 2004, while the next chart shows the Inpatient statistics from FY 1997 – 2004.

Zuni Ramah Service Unit Outpatient Visits

	FY 00	FY 04	# Change	% Change
Zuni Hospital	79,476	89,312	9,836	11%
Pinehill Health Ctr	20,414	23,033	2,619	13%
Total	99,890	112,345	12,455	

Zuni Hospital Inpatient Summary

	2000	2001	2002	2003	2004	00 - 04 % Change
Beds	27	27	27	27	18	-33%
Discharges	867	789	807	794	739	-15%
Days	3,278	2,717	2,725	2,837	2,739	-16%
Occupancy	33%	28%	28%	29%	42%	25%
Avg Daily Count	9.0	7.4	7.5	7.8	7.5	-16%
Avg Length Stay	3.8	3.4	3.4	3.6	3.7	-2%
Newborn Days	161	106	131	171	187	16%
Births	81	74	84	101	111	37%

Data Source: IHPES / ORYX

As the number of registered and Active User patients grows, ZIH's occupancy rate appears to increase from 33% in 2000 to 42% in 2004; however during this same time the number of hospital beds fell from 27 to 18. More important is the number of inpatient discharges that fell by 15% from 867 in 2000 to739 in 2004. Unlike other Albuquerque Area Service Units ZRSU makes inpatient referrals to another IHS facility only 40 miles away -- the Gallup Indian Hospital. This results in decreasing the burden on its own in-patient services while lowering CHS expenditures for inpatient referrals.

Historical data obtained from 2000 to 2004 and provided later in this document provides a snapshot of disease and use burden on the facilities of the ZRSU.

In spite of decreasing financial resources ZRSU has been able to avoid the serious financial debt that other service units have incurred and therefore provide more consistent care to its patients. Congressional budget increases averaging 3% **per year** cover mandated Cost of Living Adjustments (COLA), but insufficient to replace equipment, hire new staff, or replace staff who have left. In fact, every Service Unit throughout the Albuquerque Area (and nationwide) depends on third party reimbursements to cover program, staffing, and equipment costs.

Zuni Ramah Service Unit Recurring Base Funding

PROGRAM	FY 1997 RECURRING	FY 2004 RECURRING	% Change 97 – 04
HOSPITALS & CLINICS	$5,258,005	$6,435,190	22%
HOSPITALS & CLINICS Diabetes	$241,030	$278,683	16%
DENTAL	$349,879	$631,208	80%
MENTAL HEALTH	$327,513	$267,907	-18%
SUBSTANCE ABUSE	$62,366	$0	-100%
PUBLIC HEALTH NURSE	$307,225	$371,465	21%
HEALTH EDUCATION	$115,166	$26,064	-77%
CONTRACT HEALTH SERV	$1,918,208	$2,442,766	27%
TOTAL	**$8,579,392**	**$10,453,283**	22%

In 2004 the federal appropriation for ZRSU based on tribal shares and Resident Active User Population was $8,010,547 for staffing of the Indian Hospital inpatient and outpatient medical facilities, equipment, and facility management. Another $2.4 million was provided for CHS, while the Zuni Pueblo received $** for its ISDA/638 mental health and diabetes outreach programs. It was supplemented by approximately $8.9 million from third party reimbursements including Medicare and Medicaid. With more than 40% of its revenue dependent on Medicare and Medicaid funding, the ZRSU will need to make difficult changes to accommodate its future existence.

ZRSU Budget

ZRSU BUDGET

	FY 1997	FY 2003	FY 2004	Number Change 1997 - 2004	% Change 1997 - 2004
REVENUES					
Total SCUSU Federal Appropriation (1)	$8,579,392		$10,453,283	$1,873,891	22%
3rd Party Collections	$3,843,876	$8,029,818	$8,909,593	$5,065,717	132%
Subtotal Revenues	**##########**	**$8,029,818**	**$19,362,876**	**$6,939,608**	**56%**
EXPENSES					
Hospitalizations (2)	$742,669	$1,283,660	$1,273,731	$531,062	72%
Dental (2)	$17,260	$74,627	$91,064	$73,804	428%
Non-Hospital Service Administration / Providers (2)	$1,237,215	$1,851,054	$2,187,717	$950,502	77%
Total CHS Expenditures (2)	**$1,997,144**	**$3,209,341**	**$3,552,512**	**$1,555,368**	**78%**
POPULATION SERVED					
ACTIVE USER POPULATION	10,842	10,685	10,795	-47	0%
OUTPATIENT VISITS (3)	84,400	83,871	89,312	4,912	6%
INPATIENT Admissions	793	794	739	-54	-7%

(1) IHS Recurring Budget without CHS

(2) IHS Albuquerque Area Operational Summaries directly from RPMS

(3) All data from IHPES/ORYX with exception of 1997 Outpatient Visits

In any analysis it must be noted that across the Albuquerque Area, IHS depends upon third party reimbursements from Medicare, Medicaid, and private insurance for a significant percentage of its program and medical service support, and that percentage has been growing annually, in some cases by double-digit numbers.

With a 'captive' population of tribal members without convenient access to other health care providers, ZIH and Pine Hill Health Center have been able to capitalize on their rural locations to practically guarantee patients with Medicare and Medicaid insurance. This also means however that ZRSU is exceptionally vulnerable to Medicare and Medicaid cuts.

Due to low funding levels, the IHS restricts patient care to Priority One medical conditions and thereby inhibits most preventive care and limits access to specialists. ZRSU has standing committees that review protocols, priorities, and changing methodologies. If a patient has Medicare or Medicaid however, there is no restriction on service as longer as the provider accepts this form of payment.

Continued use of Zuni Indian Hospital as an inpatient hospital is a high priority issue before the tribes. In fact Gallup Indian Hospital, a member of the Navajo Nation IHS is the nearest available in-patient facility available within 40 miles. Tribal leadership and the Zuni-Ramah Health Board feel continuation of the in-patient services is critical to provide appropriate culturally-sensitive care to tribal members who are uncomfortable with care in less sensitive local public and private sector hospitals. Tribal leaders view the provision of hospital services at Zuni Indian Hospital as part of the federal trust responsibility to provide health care services for Indian people.

The ZIH facility experienced 42% occupancy and slightly more than 7.5 patients as an average daily count in 2004. Although the Average Daily Count numbers are low, to eliminate in-patient hospital care could jeopardize Medicare reimbursements for all services at the Zuni-Ramah community clinics which are currently based on their designation as hospital-based clinical services. Should Zuni Indian Hospital cease in-patient services, these clinics could lose up to 85% of their Medicare reimbursements.

A critical finding of this HSFMP is that medical recordkeeping throughout the Area-wide RPMS lacks standardization. Consultants found conflicting or inaccurate statistical reports on patient visits, provider workload, and facility use throughout the entire Albuquerque Area. Some statistical inaccuracies were due to poor data entry or recordkeeping by providers; other inaccuracies may have been due to poor data entry because of unreadable codes in charts.

Chart reviews conducted by IHS area staff indicated that approximately 25% of data entry may be suspect. Since the IHPES data are used to provide reports for providers and patients, this statistical omission indicates a problem exists.

Reporting of poor or inadequate statistics can create funding formula problems and lead to inadequate medical service delivery within Zuni-Ramah Service Unit. Poor statistics affect formulas used for program funding and staff positions; they also affect health care delivery when used for planning and implementation of health services. Discovery of these statistical problems early in the HSFMP process encouraged Albuquerque Area IHS to develop standardized coding protocols and staff training curriculum to improve data entry. This training was implemented in late 2004, and results should be noticeable by late 2005.

Complicating the issue of coding and statistics is the IHS practice to convert specific ICD-9 codes into more general disease codes in the RPMS system. For example, an IHS medical records clerk will enter any of the ten ICD-9 codes used to describe varying conditions for Diabetes Mellitis Type II as the one diagnostic code (080)—also known as “APC”—which defines Diabetes Mellitis.

Moreover, the IHS/APC codes are so generalized that they can mask the extent of and complications associated with a disease category. For example, no IHS code exists for “Asthma” even though a search using the ICD-9 codes in the Q-Man data of the RPMS system shows that as of July 1, 2004 864 Zuni-Ramah Service Unit tribal members and 10 “others” who utilize the Zuni-Ramah Service Unit facilities were diagnosed with Asthma. Instead, the IHS codes refer to conditions such as “upper respiratory infection’, or “acute bronchitis” or “chronic bronchitis” or “respiratory disorder”.

Comparison between the IHS/APC and ICD-9 systems is difficult and virtually impossible without a “key” to decipher the codes. The use of IHS/APC coding is confusing, duplicative, and unnecessary.

The Albuquerque Area Diabetes “Datamart” Project conducted random chart reviews of approximately 35% of the Albuquerque Area known patients with diabetes. It found that the datasets from RPMS contain one record per encounter, per client. Clients can have multiple encounters on a single date. Clients are identified at the encounter by two fields: ASUFAC (area/service unit/facility code) and HRN (Health Record Number). Problems were noted because a single client may not have the same values for these fields on all records.

The ASUFAC can change because the client was seen at different facilities or because the codes for ASUFACs are changed in the IHS system. HRNs may change because they are assigned at the facility or service unit level. Social Security Numbers (SSNs) recorded on these records can help identify patients but some records do not have SSNs, and others contain data entry errors that result in incorrect SSNs for patients.

Further complicating the consistency of data for statistical purposes is the data recorded by tribal contract and compact programs such as Substance Abuse, Diabetes, and Community Health Representatives. The problem is pronounced when this data is not shared with IHS nor entered to the RPMS system. It is virtually impossible to tally the number of patients seen at ZRSU who are diagnosed with substance abuse, since substance abuse patients usually interact with the medical system only when prompted by another condition, which then takes precedence as a Primary Diagnosis and is recorded by diagnostic code.

Both data collection systems, RPMS and IHPES/ORYX are flawed due to inconsistent data entry; however, it was decided through the HSFMP planning process that the IHPES/ORYX data was more reliable and should be used as the basis for facility planning. It is used throughout all Area Plans except where noted otherwise.

For example the RPMS system (AAIHS Operational Summary) showed that Zuni Indian Hospital reported 772 discharges and 2,874 patient days in FY 2004. For the same time period the IHPES system reported 739 discharges and a total of 2,739 inpatient days. The consultants could identify no reasons for the data discrepancy.

Unfortunately the IHS data – whether it is RPMS or the IHPES databank -- is all that is available for planning purposes.

Wherever possible data analysis throughout this HSFMP is adjusted for conditions that may have affected patient volume, such as long-term loss of a medical provider.

Other significant findings: Health Services

1. Recordkeeping.

The quality and consistency of recordkeeping and data entry may vary by service provider, resulting in inaccurate statistics. In fact, inconsistent use of provider codes resulted in large variations in provider data by facility, with consultants finding that no consistent use or definition of "Family Practice", "General Medicine" and other Medical Doctor titles existed between Service Units.

a. Statistical reliability showed great variability between the nine service units of the Albuquerque Area.

b. Poor recordkeeping by health care providers or medical records documentation negatively influences statistics and funding.

c. Most departments (Laboratory, Dental, Mental Health, Pharmacy) keep a log of patient visits that often do not equal the RPMS system, but will more closely resemble IHSPES data.

d. Poor recordkeeping may inaccurately indicate a reduction in service need and absolutely calls into question staffing patterns.

e. A reduction in the number of patient visits for a particular health service may be the result of service interruption due to staff shortage or budget restraints; it could also be the result of poor data entry. It may not reflect the actual need.

2. Migration of Urban Indians.

IHS does not have a mechanism for reimbursing a service unit for expenses related to cost of care for "Urban" Indian patients who receive services at a facility that is not located in their home service unit; instead each facility must be designated as a Federally Qualified Community Health Center by the Centers for Medicare and Medicaid to receive reimbursement through this third party system. In 2004 the ZRSU IHPES system showed that approximately one percent (1%) of patients in the ZRSU were "Other" or a combination of non-Indian and non-Service Unit Indian users.

3. "No-Show" appointments.

The ambulatory medical clinic at Zuni Indian Hospital experiences an average of 30 percent 'no-show' rate for scheduled appointments. Physical therapy and dental services at ZIH report a ** and ** percent no-show rate, while dental services have reported a ** percent no-show rate. Mental health providers report an average no-show rate of ** percent while substance abuse appointments are much higher because people are referred from the Emergency Room or Urgent Care, many times without request. Schedulers often depend on this high rate and will double or triple book appointments, affecting provider productivity, room / space utilization, waiting times and patient services if the original appointment shows up. At the same time the number of 'walk-in' patients is on the rise, probably because people understand that they can more quickly

access medical care by showing up at the clinic than waiting for an appointment. It has also been suggested that a high turnover of medical staff contributes to lack of trust, and therefore higher 'no show' rates.

4. Long Wait Times

Poor patient flow through an awkward floorplan (originally designed to function primarily as a hospital), not enough examination rooms, scattered offices for providers, and reduction is some staff (dental, medical doctors) means that patients' wait time for treatment can be 1-2 hours. Patients will receive triage attention within 10 minutes of arrival, but must wait up to 30 minutes in a crowded waiting room for laboratory tests, and / or xrays, followed by a 30-60 wait for an examination room to open and then 15-30 minute wait for pharmacy to get the chart and fill the prescription. Some of these issues will be resolved in 2006 with the expanded space and hopefully improvements will be measurable.

5. No direct hospital admitting abilities

Patients referred for psychiatric in-patient services at area hospitals must be re-evaluated and sometimes not admitted and told to return home. Inpatient psychiatric care is very expensive, and this must be paid for our of CHS funds.

6. Reduction of In-Patient Care

Since 1997 the number of inpatients days have hovered between a low of 2,739 (2004) and a high of 3,476 (1998). The average daily count (ADC) fell from 9.5 patients in 1998 to 7.5 patients in 2004 – very low by even rural hospital industry standard for a viable in-patient facility. The average length of stay (ALOS) for an in-patient dropped from a high of 3.9 days to 3.7 days – slightly higher than industry standards that are responding to limited insurance coverage for longer in-patient care.

Four inpatient rooms containing eight hospital beds were converted for use in Physical Therapy and will not return to hospital use. Two beds (one room) are considered Hospice beds – or as many beds as needed. Seven beds (four rooms) rooms are kept for postpartum care, one room is for testing and one room is a Delivery room.

7. Contract Health Services

A review of CHS expenditures indicates that the ZRSU Contract Health Service expenditures grew by 128 percent between 1997 and 2004. While in-patient care has decreased at Zuni Indian Hospital and CHS expenditures for hospitalization increased by only $531,063 (%) it is important to note that the number of CHS hospitalization cases increased from 112 in 1997, to 175 in 2004.
A recommendation from the HSFMP is to conduct a market survey that will detail the types of hospitalization at area hospitals and compare what services might have been provided at ZIH if adequate space and providers were available, rather than referring to area hospitals.

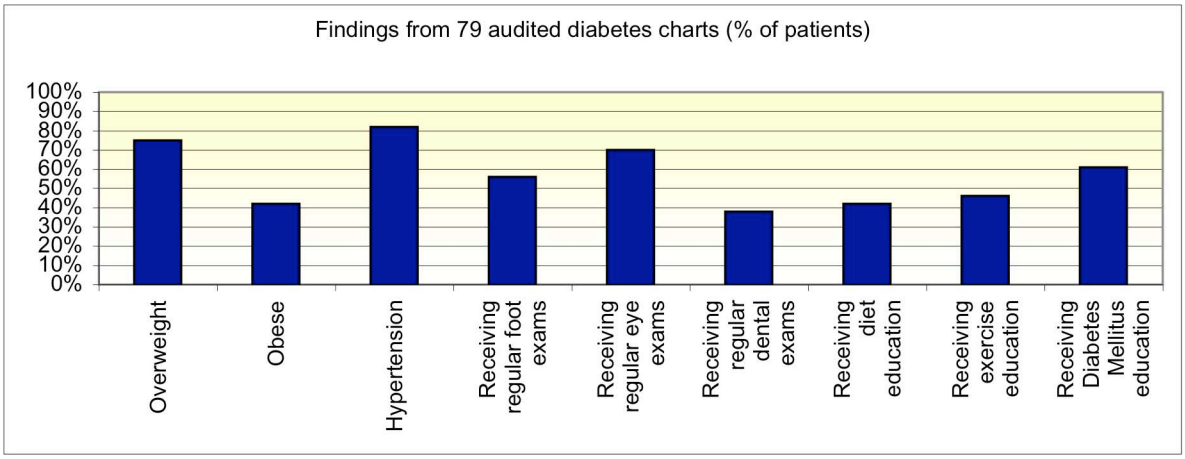
8. Equipment

Throughout site visits and as a result of staff interviews, the consultants found a high percentage of older (over 20 years old) equipment within ambulatory medical, dental and optometry clinics. Both ZIH and PHHC however have five- and ten-year equipment replacement plans funded in large part by third party reimbursements. As a result more than 90% of equipment needs are met in any given fiscal year.

9. Meeting IHS Standards of Care

The Albuquerque Area's Diabetes Project Audits of Zuni Indian Hospital and Pine Hill Health Center diabetes charts in 2004 are summarized below.

ZRSU DIABETES AUDIT



10. Staff Recruitment and Training

In some cases, hiring freezes implemented through reduced budgets prohibit use of on-going federal funds to hire staff, although ZRSU has been able to justify filling of specific medical positions. Some medical providers indicated that staff recruitment and retention is a problem. New Mexico itself experiences a lack of licensed specialty physicians, nurses, dentists, and other providers, making recruitment and retention in rural locations such as Zuni or Ramah a true challenge. In some cases the ZRSU has no alternative than to provide necessary services through contracted employees, or through CHS expenditures because they simply cannot get qualified applicants for vacant positions. Finally, staff responsible for training and orientation programs also reported lack of space for training activities and no time to conduct the trainings prior to the building renovation in 2005.

11. Pharmacy

The medical staff and administration at ZIH anticipate an increase in pharmacy services as the number of prescriptions and need for prescription management increase, reflecting changing Standards of Care throughout the medical industry. There is a growing demand for prescription workshops or specialty information clinics for both

medical providers and patients, to better understand drug interactions and appropriate pharmaceutical choices. ZIH pharmacists expect to provide more case management in renal and diabetes care, and overall become more clinically involved with patient education. The ZIH pharmacy has used Viking / on-line billing since 2003 but has expects to return to Point of Sale billing in 2006; PHHS uses Point of Sale billing. **

12. Dialysis

Rehoboth McKinley Christian Hospital (RMCH) leases land from the Pueblo of Zuni, immediately adjacent to the Zuni Indian Hospital. The facility, built by RMCH, contains 32 chairs operating 3 shifts each day for 5 days / week.

13. Special Services

a) Fulltime podiatry services are paid for by third party reimbursements

b) Physical therapy has improved awareness of skin sensitivity and combined with podiatry, ZRSU has experienced a reduction of amputees in diabetic patients since 2003.

c) ZIH's chief dentist is also a periodontist, providing expanded services that are billed through Medicare and Medicaid.

d) Mammography services have been provided at ZIH since 2002**.**

e) Teen Health Center located in the Zuni Pueblo community provides bi-monthly check-ups for local teenagers.

f) Summer youth programs, TANF, and employment training opportunities for tribal members help to promote medical careers. In addition the University of New Mexico Nursing Department sends last year clinical students to Zuni Indian Hospital for experience.

g) Women's Health Program provides mammography clinics 5 days / week, with evening clinics one evening a week.

h) Zuni Pueblo provides home health care services as well as rental of durable equipment for home health.

i) Lack of access to certain medical specialties (e.g. orthopedics) within the IHS service delivery system means that these providers can only be used by referral through the CHS system, which is controlled by Priority One status and review by the ZRSU administration. This has resulted in patients receiving inadequate preventive care and in ultimately higher long-term health care costs. Long appointment wait times for some services and limited appointments for specialized provided through Visiting Professionals or CHS dollars restrict access to services that are critical for certain preventive care outcomes and negatively impact the quality of care as well as patient health.

14. Non-Indians

Due to its rural location, Zuni Indian Hospital received special approval from the U.S. Congress in 1989 to treat non-Indians. Those who have private health insurance, Medicare or Medicaid provide third party reimbursements to the ZIH.

Recommendations: Health Services

1. Improve Data Quality

a. Standardize data entry, medical records, coding of provider services, etc.

b. Eliminate use of IHS/APC codes and practices that congregate ICD-9 codes into nonstandard medical categories.

c. Expedite installation of Electronic Health Records to facilitate flow of patient data between clinics and provide improved medical care with less risk to patient and provider.

d. Obtain funding for use of Palm Pilots to improve data entry especially for field providers, public health nurses and community-based educators.

2. Health Care Coverage

Work with other Area offices, national IHS and the U.S. Congress to adopt nationwide healthcare system that will require reimbursement to Service Units for Urban Indian patient care. In essence, the dollar follows the patient and is not automatically sent back to the home service unit.

3. Expansion of Services

a. Expedite the regionalization and consolidation for purchasing of supplies and pharmaceutical drugs with other Service Units and even other IHS Areas to reduce costs, including Mail Order pharmacy services for regular prescriptions. These improvements will improve efficiency while providing time for pharmacists to expand patient education and outreach. PHHS currently orders pharmaceuticals through Ada, Oklahoma's regional purchasing system and maintains "Just in Time" supplies for its pharmaceuticals.

b. Develop "mobile clinics" that would go into the community to provide "clinics in a suitcase" for high-volume diagnoses categories including podiatry and diabetes.

c. Expand prevention activities for high-risk individuals and patients that fall within major disease categories.

d. Expand physical therapy / occupational therapy for outpatient care in the communities. Existing services include some community clinics but staff have identified the need for additional effort.

4. Outreach Activities

a. Increase the number of patient liaison/patient advocate positions for follow-up care after in-patient care at area hospitals and ZIH.

b. Develop a physician-in-residence at hospitals used for referrals in Albuquerque and Gallup, New Mexico so that ZRSU physicians visit patients admitted for in-patient care and ensure a smooth transition back to IHS / ZRSU care.

c. Develop and institute a system to remind patients of pending appointments. Current no-show rates are 35-40 for regular ambulatory clinics and specialty /visiting professional clinics. Patients currently have little incentive to show up for scheduled appointments which results in increased expectations for Walk In appointments and wasted time for specialty clinical providers. One problem is the high rate of patients without telephones, and the patients with post office boxes who pick up mail only one to two times per month.

5. Transportation

1. Problems with unpaved roads can prevent patients from reaching medical care during the rainy / snow season when the roads become impassable.
2. While PHHC offers minimal reimbursement for patients needing to travel to Gallup (100 miles roundtrip) or Albuquerque (300 miles roundtrip) for specialty care, it does not cover the true cost of gasoline.
3. Emergency / ambulance services operated by the Zuni Pueblo (Z-Inc) and the Ramah Band of Navajo are pressed to their limits in this rural environment.
4. Safe-Ride transportation services are provided door-to-door by a local company.

It is the recommendation of the HSFMP to conduct a market study to evaluate the benefit to the tribes and the ZRSU in developing transportation services from communities to ZIH and PHHC for Medicare/Medicaid patients to replace the private-sector transportation programs now used by many patients without vehicles. ZRSU would receive reimbursement for transportation services, and provide patients with a much-needed service.

7. Create a Zuni Indian Hospital Foundation

Incorporating the Zuni-Ramah Health Board as a not-for-profit 501(c)3 organization would allow it to more easily raise funds for programs, staff, equipment, training, and other activities. Whether the Health Board or another entity assumes leadership of a Foundation, it is an important additional source of funds that practically every private hospital in America has discovered.

Findings: Facilities

The IHS has developed a Healthcare Facilities Construction Priority System (HFCPS) which reviews and evaluates all IHS-operated medical facilities. The Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board (FAAB) have developed and reviewed evaluation criteria that provide methodology for this priority-setting activity. The HFCPS will incorporate findings from the Health Services and Facilities Master Plans to rank healthcare facilities construction and renovation needs.

IHS uses a Supportable Space Formula to determine required space, using a standardized formula which was developed and applied to estimate the space that IHS supports for allocation of Maintenance and Improvement Funds. This method does not account for the demographics of the user population.

A second method uses the Base Health Systems Planning (HSP) Software to provide a more detailed measure of the facility needs, based upon demographics of the served.

The Federal Engineering Deficiency System (FEDS) categorizes the facility deficiencies that require repair or renovation and provides cost estimates to address them. Deficiencies noted on the ZRSU Facility Sheets on page 35 are estimates and may need to be changed.

1. Facility Design and Adequacy to Meet Service Need

a. The existing Zuni Indian Hospital was originally designed as an in-patient facility but now functions more frequently as an ambulatory care clinic.

b. The building design has been inadequate as an ambulatory clinic and inhibits productivity of providers, limits expansion of necessary or desired services, and results in a clumsy patient flow.

c. Decreased in-patient activity results in under use of valuable space that might otherwise be used as ambulatory clinic space.

d. Throughout the facility, a significant lack of storage space especially in dental, pharmacy, laboratory; secure filing systems; there is no adequate staff training room and no break room for medical providers;

e. The morgue is undersized and has poor alignment.

f. There is no adequate space for family consultation if patients need to be counseled for contract health, referrals, or pharmaceuticals.

g. ZIH dental clinic space is inefficient; existing staff need 5 additional operatories to expand to 12 chairs.

h. No space remaining for mammography patient screening.

i. Three members of the Women's Health staff share one office, with one other staff. Issues are privacy, confidentiality, and basic office efficiency.

2. Zuni Indian Hospital Equipment

All staff reported equipment shortages and outdated computer equipment.
Other equipment needs include:

a. ZIH dental XRay equipment is old and needs to be upgraded to provide adequate diagnostics for the patient load; dental sterilization equipment is outdated.

b. Upgraded or new computers for all administrative staff; some new printers, back-up computers for times when computer system is down.

c. Ergonomic equipment for providers who need it.

d. Laptop, projector, training materials.

e. Paper shredders

f. New copy machines

g. Wheel chairs

h. Obstetrical ultrasound and outpatient OB ultrasound for mothers in labor

i. Secure medicine cabinets

3. Medical Records

Space is inadequate to meet staffing need; the office is cramped and files are piled high because filing and storage space is needed. Electronic Health Records will help the situation.

4. General Supply Specialist

Need for office space for supply specialists as well as postal mail.

5. Storage Space

Throughout the hospital storage space is at a minimum and is often located far from the space where it is needed or in the hallways. Secured storage for confidential records and valuable equipment is also inadequate. Space to store books, professional magazines, policies, administrative records.

6. Dental

Dentists have no room for private consultation, confidential phone calls or for storage of supplies. No space for supply storage; dental laboratory is extremely small and inadequate; no space for staff meetings or consultation.

7. Staff Lounge

There is no staff lounge; staff usually use the one conference room or library for lunch breaks, unless it is in use for training or meeting.

8. Staff meeting / training / education

The staff commonly meets in the conference room or library. Aside from this small space no facilities exist for mandatory staff training or education seminars.

9. Environmental Health

Inadequate space in environmental health offices, too small and no privacy. Need laboratory space for specimens during disease outbreaks. Need space for water sample testing, sink, cupboards, etc.

10. Facility Management

Dedicated work stations for maintenance staff to perform administrative functions.

11. Information Management

Inadequate space for computer repair, diagnoses, setup.

12. Pharmacy

Pharmacists share desks in a converted storage closet; technicians do not have space for personal belongings or for pre-packing of pharmaceuticals.

Recommendations: Facilities

1. Facility Improvements to Meet Service Need

a. Renovate the ZIH to accommodate improved information technology and for telemedicine.

b. Renovate the ZIH facility to better accommodate ambulatory patient care which includes increasing the number of outpatient/examination rooms. Increased outpatient workload by 2015 will require at least 16 - 21 examination rooms (holding patients at 25 minutes per visit) to provide smooth flow of patients and accommodate appropriate level of care.

c. Renovations needed include additional staff meeting and education rooms, storage space, expanded file management space, employee wellness facilities, and provide more lockers for employees.

2. Facility Improvements by Department to Meet Service Need

Based on site visits and staff interviews

Demographics and Physiographic Features of the Area

Service Unit Boundaries

The existing administrative boundaries of the three tribes that make up the ZRSU, located in portions of McKinley and Cibolla Counties of western New Mexico, have been used in this report. ZRSU has responsibility for providing access to inpatient facilities and medical services within 90 minutes (approximately 95 kilometers) driving time, for patients registered with the three Service Unit tribes. Access to outpatient facilities is based on a 30 minute (30 kilometer) standard. The time/distance IHS standards for health centers and inpatient facilities are met throughout ZRSU.

There is a significant migratory pattern that indicates how members of other tribes use the facilities of the ZRSU and facilities within the overall Albuquerque Area IHS system. This pattern also shows use of each facility by Urban Indians (see Appendix M). While 421 "Other / Urban" individuals used ZRSU for services in 2004, Zuni Pueblo patients are also using other facilities. In 2003 the RPMS systems shows that 58 Zuni Pueblo patients used Albuquerque Indian Hospital clinic, 51 Zuni Pueblo patients used Acoma-Canoncito-Laguna facilities, and at least 17 Zuni Pueblo patients used Santa Fe Indian Hospital.

The ZRSU Active User population and projected user population are presented below, comparing these numbers to the U.S. Census population (year 2000) and the tribes' own enrollment numbers. NOTE: This data is incomplete until provided by tribal census offices.

ZRSU Active and Projected User Population

Tribe/ Service Unit	2004 Active User Population (1)	2015 Projected Population (2)	% Population Growth 2000-2015
Other / Urban	421	426	12
Zuni Pueblo	7,657	8,462	12
Ramah Band / Navajo Nation	2,657	3,114	12
ZRSU Total	10,735	11,926	

(1) Taken from U.S. Census and IHS Percentage of Urban Indians in Residence
(2) Projected population is based on HSP formula with percentage change in county population 1980 – 1990, applied to 2000 Active User population and projected.

Although the average age of the ZRSU Active User population is about 26 years, 43% of patients visits occur with individuals over 45 years of age and patient visits from the 65+ age group alone increased 57% from 2000 - 2004. The Ramah Band of Navajo has approximately 39% of total patients visits from people over 45 years old and patient visits from the 65+ age group increased by 62% from 2000 - 2004.

Total Outpatient Visits by Age (2000 – 2004)

ZUNI INDIAN HOSPITAL						
Age	**2000**	**2001**	**2002**	**2003**	**2004**	**2004 % of Total**
0 - 1	2,318	1,847	2,348	2,153	2,500	3%
1-14	14,723	13,793	14,362	14,575	13,996	16%
15-44	32,303	31,350	32,307	34,024	34,569	39%
45-64	18,383	19,391	21,207	22,710	23,794	27%
65+	11,749	12,969	13,361	13,507	14,453	16%
TOTALS	**79,476**	**79,350**	**83,585**	**86,969**	**89,312**	**100%**

PINE HILL HEALTH CENTER						
Age	**2000**	**2001**	**2002**	**2003**	**2004**	**2004 % of Total**
0 - 1	573	525	606	690	512	2%
1-14	5,990	6,027	5,471	5,956	5,671	25%
15-44	7,758	8,815	8,688	9,129	7,927	34%
45-64	3,994	4,760	5,246	5,288	5,523	24%
65+	2,099	2,631	2,711	2,847	3,400	15%
TOTALS	**20,414**	**22,758**	**22,722**	**23,910**	**23,033**	**100%**

Source: IHS/IHPES.

Facilities in Grants, Gallup, and Albuquerque, NM provide alternative referral sites for patients throughout ZRSU. The distance to the Zuni Indian Hospital and other medical providers is listed below in miles

Distance from Key ZRSU Communities to Services (in miles)

Community	Distance to Zuni Indian Hospital	Distance to Grants, NM Clinics / Hospitals	Distance to Gallup, NM Clinics / Hospitals	Distance to Albuquerque Clinics/ Hospitals
Black Rock	4	97	34	172
Pine Hill	36	48	56	123
Ramah	23	55	44	182
Tekapo	7	107	44	182
Zuni	-	100	37	176

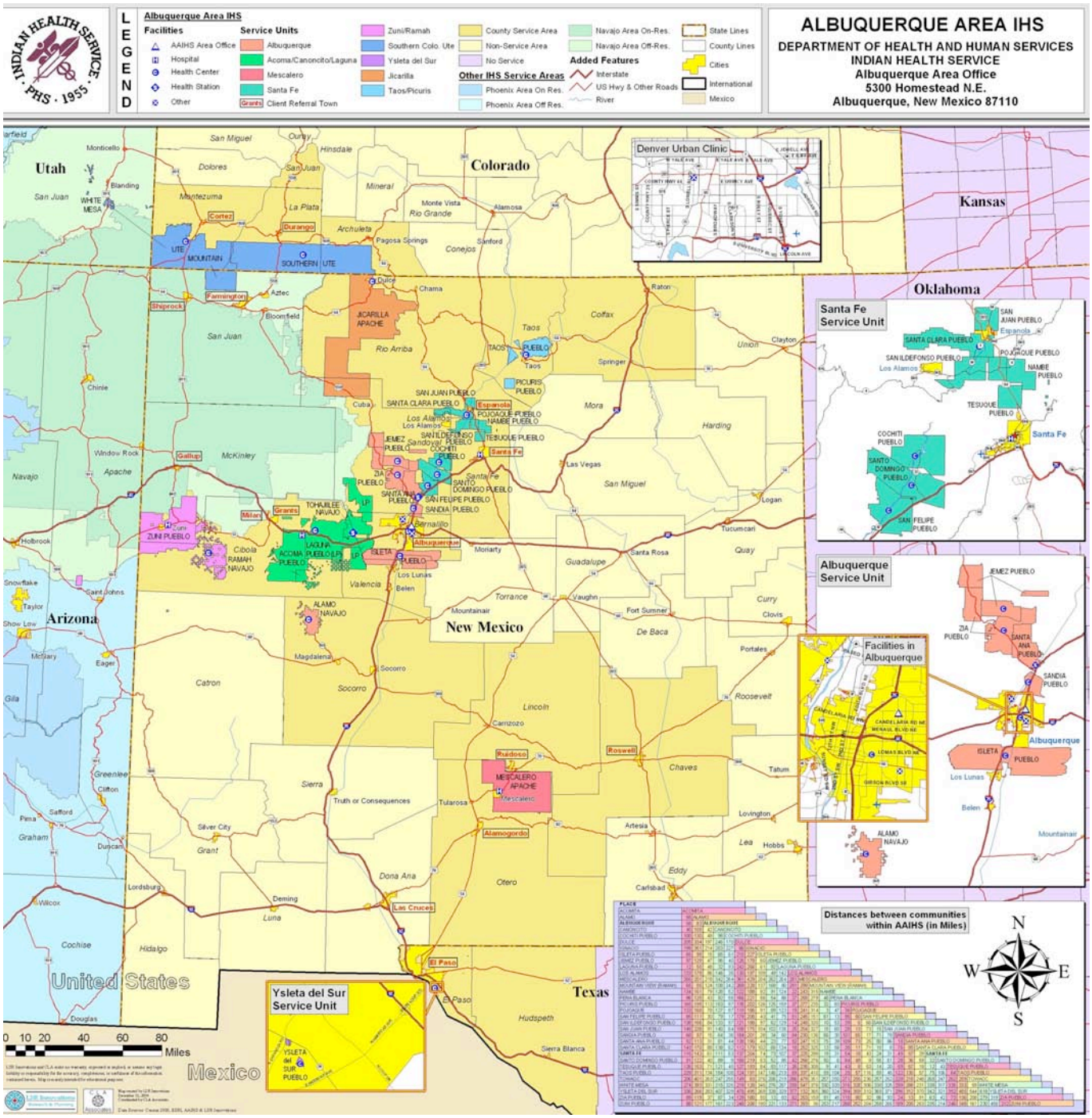
Distance Between Communities within AAIHS

Distances between communities within AAIHS (in Miles)

PLACE	ACOMITA	ALAMO	ALBUQUERQUE	CANONCITO	COCHITI PUEBLO	DULCE	IGNACIO	ISLETA PUEBLO	JEMEZ PUEBLO	LAGUNA PUEBLO	LOS ALAMOS	MESCALERO	MOUNTAIN VIEW (RAMAH)	NAMBE	PENA BLANCA	PICURIS PUEBLO	POJOAQUE	SAN FELIPE PUEBLO	SAN ILDEFONSO PUEBLO	SAN JUAN PUEBLO	SANDIA PUEBLO	SANTA ANA PUEBLO	SANTA CLARA PUEBLO	SANTA FE	SANTO DOMINGO PUEBLO	TESUQUE PUEBLO	TAOS PUEBLO	TOWAOC	WHITE MESA	YSLETA DEL SUR	ZIA PUEBLO	ZUNI PUEBLO
ACOMITA																																
ALAMO	58																															
ALBUQUERQUE	58	83																														
CANONCITO	40	105	42																													
COCHITI PUEBLO	100	130	48	98																												
DULCE	205	334	197	246	170																											
IGNACIO	199	351	214	263	227	86																										
ISLETA PUEBLO	65	98	15	65	61	210	227																									
JEMEZ PUEBLO	97	129	47	96	40	126	178	60																								
LAGUNA PUEBLO	12	55	48	32	93	242	266	61	92																							
LOS ALAMOS	133	178	96	146	35	130	197	109	49	142																						
MESCALERO	265	201	218	342	264	361	429	204	262	264	261																					
MOUNTAIN VIEW (RAMAH)	65	85	124	108	242	268	228	137	168	80	291	299																				
NAMBE	134	161	79	128	52	122	188	92	91	124	22	243	315																			
PENA BLANCA	96	125	43	92	55	166	221	56	54	88	37	258	279	48																		
PICURIS PUEBLO	165	195	113	163	87	135	202	126	125	159	37	277	235	32	83																	
POJOAQUE	133	160	78	127	87	119	186	91	89	123	19	241	314	3	47	36																
SAN FELIPE PUEBLO	85	111	30	79	17	179	208	43	41	75	51	245	151	61	13	96	60															
SAN ILDEFONSO PUEBLO	138	166	84	133	57	121	188	97	62	129	14	248	320	10	53	39	6	66														
SAN JUAN PUEBLO	145	228	91	140	64	108	175	104	102	136	25	254	327	15	60	28	13	73	15													
SANDIA PUEBLO	68	97	15	64	36	184	201	28	34	60	84	230	136	66	30	101	65	17	71	78												
SANTA ANA PUEBLO	82	113	31	81	44	138	190	44	23	77	92	247	153	75	39	109	73	25	80	86	18											
SANTA CLARA PUEBLO	143	170	88	138	62	112	179	102	66	134	18	252	325	13	58	35	11	71	10	8	76	85										
SANTA FE	115	143	61	111	63	137	204	74	73	107	37	225	298	19	31	54	18	43	24	31	49	57	29									
SANTO DOMINGO PUEBLO	91	122	40	89	9	168	219	53	52	85	42	256	276	50	6	84	49	9	55	61	28	36	59	32								
TESUQUE PUEBLO	126	153	71	121	45	127	193	84	83	117	26	235	308	9	41	43	8	53	14	20	59	67	18	12	43							
TAOS PUEBLO	229	311	134	184	108	124	191	147	146	219	69	337	410	59	104	25	57	116	59	45	122	130	57	75	106	64						
TOWAOC	206	401	263	247	255	149	83	276	206	219	266	479	351	257	250	271	255	236	257	252	229	218	248	268	247	262	259					
WHITE MESA	274	393	331	315	325	219	128	345	276	287	339	547	376	330	320	316	328	306	330	325	299	288	231	338	317	335	333	59				
YSLETA DEL SUR	336	266	283	407	329	478	495	269	328	329	377	132	365	360	324	394	359	310	365	371	296	312	370	342	321	352	455	544	618			
ZIA PUEBLO	89	119	37	87	34	129	180	50	13	83	62	253	159	81	45	115	80	32	86	93	24	13	91	63	42	73	136	208	279	319		
ZUNI PUEBLO	88	121	177	161	223	248	208	190	221	133	271	393	36	253	217	288	252	204	258	265	189	205	263	235	214	246	348	161	230	458	212	

The following map indicates the boundaries of the Albuquerque Area IHS. It identifies each Service Unit, the tribes within that Service Unit, and the type of medical facilities available at within each Service Unit.

AAIHS Service Unit Map



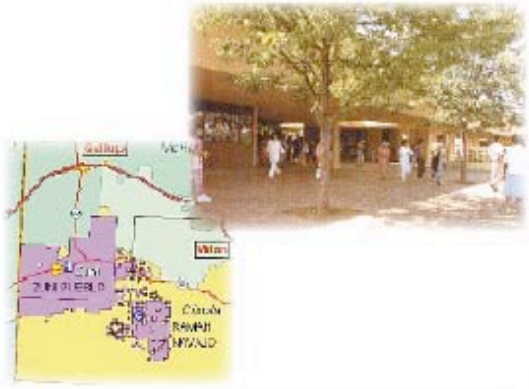
Existing Location and Health Services Provided

In addition to Zuni Indian Hospital and Pine Hill Health Center, the Sunrise Regional Treatment Center is operated by the IHS as an in-patient facility for youth referred from around the Albuquerque Area who need intensive treatment for substance abuse.

Facility data is summarized on the facility sheets that follow.

Zuni IH Facility Sheet

Zuni Indian Hospital



SERVICES PROVIDED

Inpatient	Audiology
Dental	Podiatry
Optometry	Physical Therapy
Pharmacy	Occupational Therapy
Radiology	Emergency Room / Urgent Care
Laboratory	
Mental Health	EMS / Transport
Dietary	

FACILITY DATA

Installation Number	11520
Year Built	1974
City, State	Zuni, NM
County	McKinley
IHS Owned/Leased?	IHS-owned
Distance to Service Unit Office	0
Total Square Footage	85,240
Inpatient floor space (sq feet)	23,190
Outpatient floor space (sq feet)	62,150
2015 Projected Need	115,745
# of Buildings	
# of Housing Quarters	
# of Licensed Hospital Beds	37
# of Staffed Hospital Beds	18
# of Exam Rooms	21
2004 Staff Positions	
2015 Projected Staff Need	269

PRIORITY ISSUES

Facility Deficiencies:

Patient Care	$185,000
Safety	144,950
Compliance	60,434
Program Deficiencies	82,500
Unmet Space Needs	1,700,000
Energy Conservation	1,048,174
Maintenance & Repair	1,525,551
TOTAL	$4,746,609

Board/Staff Priorities:
Based on Interview Matrix.

User Population	2002	2004	(projected) 2015
Non-Service Unit Tribal Members	380	421	426
Total User Population	7556	7657	8677
Annual Daily Outpatient Load	83,585	89,312	
Average Daily Inpatient Load	7.5	7.5	

Pine Hill HC Facility Sheet

Pine Hill Health Center

SERVICES PROVIDED

Outpatient
Dental
Optometry
Pharmacy
Radiology
Laboratory
Mental Health
Dietary
Audiology

FACILITY DATA

Installation Number	
Year Built	
City, State	Pine Hill, NM
County	McKinley
IHS Owned/Leased?	Tribally owned / operated
Distance to Service Unit Office	24
Total Square Footage	
2015 Projected Need	
Inpatient Floor Space (sq. ft.)	
Outpatient Floor Space (sq. ft.)	
# of Buildings	4
# of Housing Quarters	2
# of Licensed Hospital Beds	N/A
# of Staffed Hospital Beds	N/A
# of Exam Rooms	6
2004 Staff Positions	
2015 Projected Staff Need	

PRIORITY ISSUES

Facility Deficiencies:
Patient Care
Safety
Compliance
Program Deficiencies
Unmet Space Needs
Energy Conservation
Maintenance & Repair

Board/Staff Priorities:
Based on Interrview Matrix.

User Population	2002	2004	(projected) 2015
Total User Population	2685	2717	3114
Annual Daily Outpatient Load	22.722	23,033	
Average Daily Inpatient Load	N/A	N/A	

Health Services Delivery Plan

Zuni Indian Hospital Inpatient Summary (1997-2004)

DATA	1997	1998	1999	2000	2001	2002	2003	2004	% Change 1997-2004
Beds	37	37	37	27	27	27	27	18	-51%
Discharges	859	892	794	867	789	807	794	739	-14%
Days	3,090	3,476	3,096	3,278	2,717	2,725	2,837	2,739	-11%
Occupancy	23%	26%	23%	33%	28%	28%	29%	42%	82%
ADC	8.5	9.5	8.5	9.0	7.4	7.5	7.8	7.5	-11%
ALOS	3.6	3.9	3.9	3.8	3.4	3.4	3.6	3.7	3%
Newborn Days	145	159	160	161	106	131	171	187	29%
Births	100	114	95	81	74	84	101	111	11%

Data source: IHS/IHPES.

Zuni Indian Hospital Inpatient Data

	1997	1998	1999	2000	2001	2002	2003	2004
Discharges	859	892	794	867	789	807	794	739
Days	3,090	3,476	3,096	3,278	2,717	2,725	2,837	2,739
ALOS	3.6	3.9	3.9	3.8	3.4	3.4	3.6	3.7

Inpatient Care

It is obvious from the numbers shown above that inpatient activity at ZRSU is decreasing. While the hospital industry nationwide has experienced a reduction in Average Length of Stay (ALOS) in response to insurance changes, the ZRSU has had a slight reduction in the Average Daily Count (ADC) and number of admissions/discharges from 1997 to 2004. Admissions and Discharge volume has declined by 14% in seven years, and the occupancy level with 18 staffed beds was 42% in 2004.

As a result of decreased inpatient and ambulatory services due to Priority One service designations, Contract Health Service dollars are being used to make up for the deficiencies of the health services not provided within IHS facilities. Therefore, it may be impossible to reasonably project CHS needs by the year 2015. Use of CHS dollars to pay for care is not a clear measurement of health

care service need, nor is it an adequate measurement of the ability of the Service Unit to provide health care, within its budget allocation. By limiting patient referrals and access to health care, the IHS is only delaying the inevitable backwash of medical problems that result from failing to address primary or preventive care now.

ZRSU continues to use contract inpatient services for acute, specialty, and sub-specialty care that are not provided directly at the Zuni Indian Hospital. These services include:

- Acute psychiatric care
- Tissue biopsy
- Bone marrow transplant
- Burn unit treatment
- Dialysis
- Cancer diagnosis and treatment
- Cardiology
- Day Surgery
- Chemotherapy/radiation
- Critical spinal care
- CT scan
- Ear/nose/throat surgery
- Gynecology surgery
- Intensive care
- Long-term care
- Neurosurgery
- Obstetrics Levels II & III
- Ophthalmology surgery
- Orthopedic surgery
- Organ transplant
- Vascular surgery
- Trauma critical care
- Neonatal and pediatric surgery

There are ** private and specialty hospitals and facilities frequently used by ZRSU to provide unmet needs and to handle cases that are beyond the capacity of the current IHS health system. These facilities include:

- Rehobeth McKinly Christian Hospital in Gallup, NM
- Gallup Indian Medical Center & Hospital in Gallup, NM
- Indian Health Service facilities in Fort Defiance and Chinle, New Mexico
- ** Facilities in Flagstaff, AZ, Phoenix, AZ, Denver, CO, Winslow, AZ
- Cibolla General Hospital Emergency Room in Grants, NM
- Presbyterian Hospital, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM
- Albuquerque Regional Medical Center, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM
- Carrie Tingley Hospital, Albuquerque, NM
- Heights Psychiatric Hospital, Albuquerque, NM
- University of New Mexico Hospital, Albuquerque, NM
- University of New Mexico Mental Health Center, Albuquerque, NM

A list obtained by search of the Yellow Pages shows that additional facilities are available within 50 miles of Zuni. This list is included in Appendix G.

Ambulatory Medical Services

In 2004, the Zuni Ramah Service Unit registered a total of 112,345 outpatient visits, representing 18 percent of the entire Albuquerque Area ambulatory visits. In general, the statistics indicate that the ZRSU realized 12-13 percent increase in the number of outpatient visits from 2000 to 2004. The following chart indicates use of ZRSU facilities in comparison to other Service Units.

ZRSU Outpatient Visits Compared to Albuquerque Area 1999-2004

Service Unit	2000	2001	2002	2003	2004	% Change 2000-2004	2004 % of Total
Albuquerque	137,908	136,053	137,255	121,201	131,142	-5%	20%
Santa Fe	130,016	135,289	128,835	114,089	114,482	-12%	18%
Zuni Indian Hosp	79,476	79,350	83,585	86,969	89,312	12%	14%
Acoma-Canoncito-Laguna (ACL)	78,889	85,453	105,081	82,834	83,265	6%	13%
ABQ / Tribe 638	18,857	31,411	46,327	68,731	71,256	278%	11%
Southern Colorado	41,158	41,298	39,795	45,858	49,276	20%	8%
Mescalero	29,830	30,318	34,068	34,589	33,831	13%	5%
Jicarilla	26,037	28,349	28,587	30,120	29,716	14%	5%
Ramah / PHHC	20,414	22,758	22,722	23,910	23,033	13%	4%
Taos / Picuris	16,796	16,566	16,463	17,139	19,451	13%	3%
Other	1,994	2,551	2,423	2,762	3,677	84%	1%
Total	**581,375**	**609,396**	**645,141**	**628,202**	**648,441**	12%	**100%**

Source: IHPES

The following chart show a snapshot of the top 35 reasons for outpatient visits to ZRSU in 2004. This data is presented as a summary of the type of workload burden on the Service Unit's operation overall, as well as the burden on the Zuni Indian Hospital as an outpatient clinic rather than an in-patient hospital.

Appendix H shows outpatient visit volume by diagnostic category for Zuni-Ramah Service Unit clinics from 2000 to 2004.

Top 35 Diagnoses Ranked by Number of Patient Visits in 2004

ZUNI INDIAN HOSPITAL			PINE HILL HC		
RANK	**ICD DIAGNOSIS NAME**	**2004**	**RANK**	**ICD DIAGNOSIS NAME**	**2004**
1	Issue Repeat Prescript	37,201	1	Issue Repeat Prescript	4,782
2	Dental Examination	6,632	2	Dental Examination	2,735
3	Laboratory Examination	4,134			
4	Acute Uri Nos	2,156	5	Acute Uri Nos	1,300
5	Diab Uncomp Typ Ii/Niddm	3,084	3	Diab Uncomp Typ Ii/Niddm	1,316
6	Myopia	1,298	17	Myopia	268
7	Routin Child Health Exam	1,758	12	Routin Child Health Exam	320
8	Hypertension Nos	894	7	Hypertension Nos	552
9	Fit Contact Lens/Glasses	1,129			
10	Vaccine And Inocula Influenza	987	14	Vaccine And Inocula Influenza	298
11	Gynecologic Examination	975			
12	Diab Renal Manif Typ Ii/	157			
13	Supervis Oth Normal Preg	906	16	Supervis Oth Normal Preg	269
14	Follow-Up Exam Nec	903			
15	Chronic Renal Failure	1687			
16	Contracept Surveill Nec	583			
17	Radiological Exam Nec	444			
18	Vacine For Viral Hepatit	247			
19	Screening-Pulmonary Tb	793	25	Screening-Pulmonary Tb	172
20	Unspec Viral Infections	492			
21	Astigmatism Nos	559			
22	Diab Uncontrol, Type Ii	263			
23	General Medical Exam Nos	374			
24	Rheumatoid Arthritis	330	21	Rheumatoid Arthritis	224
25	Lumbago	221	35	Lumbago	127
26	Oth Scrning Mammog Malig Neop	243			
27	Urin Tract Infection Nos	342	22	Urin Tract Infection Nos	205
28	Rehabilitation Proc Nec	26			
29	Ear & Hearing Exam	639			
30	Depressive Disorder Nec	374			
31	Oth Aftercare Post Surge	87			
32	Hypermetropia	271	28	Hypermetropia	153
33	Reason For Consult Nec	428			
34	Abn Glucose-Antepartum	299			
35	Joint Pain-L/Leg	157			

Top 35 Diagnosis at Pine Hill HC NOT in Top 35 at Zuni IH		
4	Acute Sinusitis Nos	1,309
6	Follow Up Ex-Hi Risk Med	834
8	Otitis Media Nos	521
9	Oth Specified Counseling	372
10	Other Unspec Counseling	358
11	Med Exam Nec-Admin Purp	348
13	Laboratory Examination	301
15	Acute Pharyngitis	297
18	Prophylactic Measure Nos	262
19	Noninf Gastroenterit Nec	231
20	Problems With Hearing	227
23	Housing/Econo Circum Nos	192
24	Backache Nos	176
26	Acute Stress React Nos	168
27	Other Convulsions	159
29	Routine Medical Exam	147
30	Atten-Surg Dressng/Sutur	146
31	Acute Bronchitis	132
32	Health Exam-Group Survey	132
33	Acute Conjunctivitis Nos	129
34	Allergic Rhinitis Nos	128

Health Service Priorities

Service Unit Board Ranked Clinical Priorities

The Zuni-Ramah Health Board was asked to consider priorities of care using the questionnaire provided in Appendix I. After presentation of statistical health and patient visit data, a one-day meeting was held with the ZRSU Board to determine the level of care that they wanted to see within the Zuni-Ramah Service Unit. The standard provider list that is used within the Health Systems Planning process to create the RRM was used as a basis for determining what type of provider care was desired. A more detailed version of the health board's list of priorities appears in Appendix J.

ZRSU Desired Services

Physician Care	**WELL BABY/WELL CHILD**	**INPATIENT CARE**
Family Practice	Post partum baby checks	Labor & Delivery – low risk
Internal Medicine	Vaccinations	Labor & Delivery – high risk
Pediatric	**PREVENTIVE MEDICINE**	Medical Inpatient
Gynecology	Diabetes	Surgical Inpatient
General Surgery	Wellness Center	Pediatric
Nephrology	Demo Kitchen	Intensive Care
Traditional Healing	Hypertension	Sub Acute / Transitional Care
Dental	**ANCILLARY SERVICES**	Acute Dialysis
Labor & Delivery – birthing center	Staffed Pharmacy	Adolescent Substance Abuse
EMERGENCY / ICU	Lab Specimen Collection	Adult Substance Abuse
After Hours Urgent Care	Clinical Lab	Psychiatric
Emergency	Microbiology Lab	Psychiatric – low acuity
Ground Ambulance	Illegal Drug Testing	Psychiatric – high acuity
AMBULATORY CARE SERVICES	Anatomical Pathology	**OTHER SERVICES**
Nutrition	X-Rays	Case Management
Optometry	Ultrasound Level I	Environmental Health
Podiatry	Fluroscopy	Transportation
Dialysis	CT	Public Health Nursing
Audiology	MRI	Public Health Nutrition
Chiropractic	Physical Therapy	Health Education
Acupuncture	Occupational Therapy	School Education - dental
Massage	Speech Therapy	School Education - prevention
BEHAVIORAL HEALTH	Respiratory Therapy	After Hour & Weekend clinics
Psychiatry	Outpatient Surgery	Diabetes Clinics
Mental Health	Inpatient Surgery	Epidemiology Services
Social Workers	**WOMEN'S CARE**	Business Office
Social Services	Women's Health Clinic	Technology / Info Management
Alcohol & Substance Abuse - After Care, Rehab, Follow-up	Mammography	Conference / Meeting space
Substance Abuse Transitional Care	Pap smears	Continuing Education Space
Medical Detox	STD treatment / counseling	Forensics
ELDER CARE	Birth Control counseling	Interpreters
Skilled Nursing	**MEN'S CLINICS**	Security cameras
Assisted Living	Men's health clinic	Dietician / hospital / food service
Hospice	Prostate screening	
Home Health Care	STD treatment / counseling	
	Birth Control counseling	

Projected Service Need - Quantitative

Projected service need—which will ultimately drive the need for space to accommodate medical providers to fill the service need—is based on historical patterns of use at ZRSU. The following chart provides projections to the year 2015 on categorized groupings of patient visits. It is common practice within the health industry to categorize patient visits to better plan for provider specialties and workloads. All data are projected to the year 2015, based on historical use. The low estimate is based on actual annual growth 2000 to 2004, the high estimate is based on average annual percentage increase 2000 to 2004.

The chart, “Staffing Needs Summary Projections to 2015” is included as Appendix K, with “Provider Workload and Facility Need Projected to 2015” as Appendix L. Both charts are incomplete for this draft, until we receive additional information from Zuni-Ramah clinics staff and administration. Once completed, however, they will provide an estimate of the number of examination rooms needed to fulfill projected service needs in the year 2015, based on historical patient visits.

ZRSU Patient Visit History Grouped By Diagnostic Category Projected To 2015

ZUNI HOSPITAL	# of Patient Visits		Ave Annual % Change	LOW	HIGH	LOW	HIGH
Group	**2000**	**2004**	**2000-2004**	**2010**		**2015**	
Certain Conditions Originating in the Perinatal Period	2	1	-10.0%	-	1	-	0
Complications of Pregnancy, Childbirth, and the Puerperium	13	19	9.2%	26	32	32	50
Congenital Anomalies	4	20	80.0%	39	42	55	60
Diseases of the Blood and Blood-Forming Organs	87	46	-9.4%	(3)	25	(44)	15
Diseases of the Circulatory System	383	718	17.5%	1,120	1,383	1,455	1,937
Diseases of the Digestive System	642	669	0.8%	701	703	728	734
Diseases of the Genitourinary System	411	413	0.1%	415	415	417	1,685
Diseases of the Musculoskeletal and Connective Tissue	805	1,223	10.4%	1,725	223	2,143	3,056
Diseases of the Nervous System and Sense Organs	1,978	1,859	-1.2%	1,716	1,729	1,597	5,486
Diseases of the Respiratory System	3,538	3,719	1.0%	3,936	6,329	4,117	8,504
Diseases of the Skin and Subcutaneous Tissue	374	377	0.2%	381	381	384	384
Endocrine, nutritional, metabolic diseases, and immunity disorders	1,083	1,582	9.2%	2,181	2,795	2,680	3,806
Infectious and Parasitic Disease	355	369	0.8%	386	387	400	402
Injury and Poisoning	857	681	-4.1%	470	529	294	429
Mental Disorders	246	508	21.3%	822	1,298	1,084	1,298
Neoplasms	28	16	-8.6%	2	9	(10)	6
Other / Supplemental	12,590	13,421	1.3%	14,418	21,288	15,249	27,844
Symptoms, Signs, and Ill-defined conditions	758	973	5.7%	1,231	1,710	1,446	2,336
TOTALS	**24,154**	**26,614**		**29,566**	**39,280**	**32,027**	**58,033**

Source: IHSPES

** Low is projected based on absolute annual growth 1999-2004*
***High is projected based on average annual % increase 1999-2004*

PINE HILL HC	# of Patient Visits		Ave Annual % Change	LOW	HIGH	LOW	HIGH
Group	**2000**	**2004**	**2000-2004**	**2010**		**2015**	
Certain Conditions Originating in the Perinatal Period	2	1	-10.0%	-	1	-	0
Complications of Pregnancy, Childbirth, and the Puerperium	13	19	9.2%	26	32	32	50
Congenital Anomalies	4	20	80.0%	39	42	55	60
Diseases of the Blood and Blood-Forming Organs	87	46	-9.4%	(3)	25	(44)	15
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Other / Supplemental	12,590	13,421	1.3%	14,418	21,288	15,249	27,844
Symptoms, Signs, and Ill-defined conditions	758	973	5.7%	1,231	1,710	1,446	2,336
TOTALS	**24,154**	**26,614**		**29,566**	**39,280**	**32,027**	**58,033**

Source: IHSPES

Note: For the above charts, "Other / Supplemental" includes the following items in order of frequency:

Issuance of prescriptions
Dental examination
Laboratory
Eye examination / glasses / contacts
Vaccination
Pregnancy
Routine infant or child health check
Contraception
Other encounter for administrative purpose
Gynecological exam
Health education / instruction
Tuberculosis
Other medical exam
Physical therapy
Dietary consultation
Radiological exam

User Population

Non-Zuni-Ramah tribal members use the ZRSU as an ambulatory clinic because they are married to tribal members, they are traveling, or they live close to one of the health clinics (see Migration Data, Appendix M) .

The number of Active User patients registered remained virtually the same from 1997 to 2004. Based on the IHS' Health Systems Planning Software which considers population growth in the counties in which the reservation sits, the ZRSU health care delivery system will likely see a 12 percent rise in Active User population by the year 2015.

Zuni-Ramah Service Unit Active User Populations

Tribe	1997 User Population (1)	2004 User Population (2)
Other*	480	421
Zuni Pueblo	7621	7657
Ramah Band	2741	2717
Total	10,842	10,795

Source: IHS / NPIRS Report: User Population Report (F) Special - By Service Unit. County & Tribe. dated 11/18/04

(1) Active User = Indians using IHS system within the period September 30, 1994 – September 30, 1997

(2) Active User = Indians using IHS system within the period October 1, 2001 – September 30, 2004

** Other = Other Indian Users / "Urban" Indians*

Urban Indians

The term "Urban Indians" refers to any American Indian or Alaska Native who is living outside of his / her reservation boundary and who is enrolled with IHS to receive medical services at a facility other than the home Service Unit. IHS medical facilities—or tribal facilities that receive medical service funding through IHS—may not refuse ambulatory or in-hospital medical service to any American Indian or Alaska Native who seeks care, regardless of whether he or she is a member of that particular Service Unit. Use of Contract Health Service dollars is restricted, however, to enrolled members of the Service Unit or any Indian who lives on the Zuni Pueblo or Ramah Navajo Reservation.

An Urban Indian may also be someone who is an enrolled member of the Laguna Pueblo but is living off the reservation AND outside of the counties in which the Laguna reservation sits. For example, a member of the Zuni Pueblo living in Albuquerque, NM would be considered an Urban Indian because he or she is living outside of the home reservation and the home county.

Approximately one percent of the ZRSU Active User Population is composed of "Other" patients, which includes non-Indians. Since 1989 ZIH has been treating non-Indians under special approval from the U.S. Congress but unless these patients have private insurance or are qualified for Medicare or Medicaid, the Service Unit bears the financial responsibility for their ambulatory medical and dental care.

IHS does not currently provide direct funding to any of the Albuquerque Area Service Units to pay for the medical care of Urban Indians, although a small percentage of funds received for health services are budgeted for this need. As a result, Service Units and individual medical facilities bear the burden of care for these individuals. Providing care to this population is at the expense of providing or expanding services to ZRSU members.

Across the country, the issue of providing health care to Urban Indians has exposed problems with tying funding to facilities and specific user populations. Appendix M contains "migration pattern" information regarding the home communities and number of patients receiving care at the ZRSU facilities.

IHS vs. National Averages

The following chart outlines ZRSU patient use rates by diagnostic categories as compared to national averages. There is a high number of categories indicating areas in which the ZRSU population is experiencing excessively higher (or lower) rates of patient visits compared to the national average. This can mean that the ZRSU population has better access to medical care or is using the medical care more frequently than the national population at large for these conditions. In fact nationwide, 45 million individuals between the ages of 18-64 are uninsured and have no access to medical care on a regular basis.

From these figures it is clear that the ZRSU population accesses IHS medical services for almost every category at a much greater level than the population-at-large.

Zuni-Ramah Service Unit Outpatient 2004 Visit Utilization vs. National Use Rates Per 1000 Patient Visits

Zuni		Ramah - PHHC		
Use Rate	% Difference	SU Use Rate	National Use Rate	% Difference
299.1	8%	131.8	299.1	-56%
112.6	79%	206.1	112.6	83%
159.9	94%	139.9	159.9	-13%
252.4	153%	413.0	252.4	64%
295.4	141%	648.9	295.4	120%
421.3	38%	1,336.8	421.3	217%
158.7	71%	136.5	158.7	-14%
200.4	270%	448.7	200.4	124%
95.3	201%	128.5	95.3	35%
203.1	88%	244.0	203.1	20%
156.2	76%	115.2	156.2	-26%
97.1	-75%	3.7	97.1	-96%
562.8	973%	4,198.0	562.8	646%
214.1	142%	293.7	214.1	37%

Source: IHS Internal Da

urvey and National Ambulatory Medical Care Survey data from the National Center for

ge.
ow the national average
appear to be the most "underserved" diagnostic categories as compared to the US
er prevalence and incidence of these diseases among the tribal populations

Data Source Notes: (A) Service Unit Use Rates are based on 2002 visit data and Census data (2002 population projected by applying Albuquerque area growth factor 2000-2002 to ZRSU tribes); (B) National Use Rates: 2002 National Hospital Ambulatory Medical Care Survey & National Ambulatory Medical Care Survey & National Hospital Ambulatory Medical Care Survey-ED data from the National Center for Health Statistics at the CDC.

**** Other / Supplemental refers to:***

Issuance of prescriptions
Dental examination
Other medical exam
Physical therapy
Eye examination / glasses / contacts
Radiological exam
Pregnancy
Routine infant or child health check
Other encounter for administrative purpose
Tuberculosis
Gynecological Exam
Laboratory
Contraception
Dietary consultation
Vaccination
Health education / instruction
Health exams of defined subpopulations

Budget Issues

Despite limited – and decreasing – funding, ZRSU has demonstrated the ability to provide basic health care to the 10,795 total Active Users within its boundaries. This has been achieved in spite of lower per capita expenditures for health care, estimated by the IHS to be less than 60% of national levels, and lower availability of health care services (25% annual availability of dental services versus 60% for U.S. population overall).

Complicating these factors are the limited number of providers – almost 50% less per capita than the U.S. population overall.

While an admirable approach, the "do more with less" medical practice can mean that true health care needs are never fully addressed, preventive care is neglected, and longer term, more serious chronic conditions result. An example is the 2004 decision to restrict medical coverage to Priority One levels of care. The long-term outcomes of these reductions point to an increased – not decreased—health care burden on providers and facilities by the year 2015.

The annual IHS budget has been increasing only approximately 3% per year for facilities and services –much of which must be used for federally mandated "Cost of Living Adjustments" for staff salaries. The impact of this minimal increase on the IHS' ability to provide quality health care services cannot be understated. It has also resulted in underfunding of facilities, equipment, and other capital investment necessary to provide adequate health care services.

Projected Service Need - Qualitative

Medicare and Medicaid Changes

ZRSU (and indeed all of the Albuquerque Area IHS) has exponentially increased its reliance on Medicaid, which is a revenue stream that is increasingly at risk. With the federal budget deficit growing, the implications for health care are huge. Approximately one-quarter of the federal budget is made up of Medicare and Medicaid. As the number of Medicare enrollees increases with an aging population, it is estimated that by 2010, 70 million Americans will have two or more chronic conditions. In addition, the number of working Americans paying taxes to support the Medicare Hospital Insurance Trust Fund will begin decreasing dramatically by the year 2015. Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019.

At the same time, Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of “pay for performance” will be instituted so that payment will be based on performance indicators rather than outcomes.

With more than 50% of its revenue dependent on Third Party Insurance, and the majority of this coming from Medicare and Medicaid funding, both ZIH and PHHC will need to make difficult changes to accommodate future restrictions.

NPIRS & GPRA

National Patient Information Reporting System (NPIRS) & Government Performance Reporting Act (GPRA)

NPIRS is a method of measuring data for what services are being performed, how the services are being performed, and how well the services are being performed. It provides a measurement tool for health care delivery as well as evaluation standards for funding.

GPRA addresses clinical performance indicators and measures the number of patients with specific diseases. It establishes protocols for each disease. GPRA defines national standards of care that must be met in order to continue receiving funding.

In providing health and diagnostic data to tribal leaders, the question of whether patients with diseases such as Diabetes Mellitus Type 2 or hypertension were receiving adequate care was often discussed.

Standards of Care

The IHS' own Standard of Care for patients with Diabetes Mellitus Type 2 is described in nine broad categories:

1. Baseline studies, which should include recording patient height and date of diabetes diagnosis, obtaining a baseline Electrocardiogram (ECG) and then repeating it every one to five years as clinically indicated, documenting pulmonary function (PPD) to assess the presence of latent or active tuberculosis, and assessing and recording whether the patient also is diagnosed with depression;
2. Clinic visits, which should include recording weight, blood glucose, and blood pressure and also conducting an examination of feet and nails;
3. Annual tests, which should include complete urinary analysis, microalbuminuria, lipid profile, eye exam, dental exam, complete foot exam, and screening for neuropathy;
4. Immunization and skin tests, including flu vaccine, vaccination against pneumovax, Td, hepatitis B, and PPD;
5. Special aspects of diabetes care, which include antiplatelet therapy and avoidance of tobacco use;
6. Self-care education, which includes nutrition, diabetes, exercise education as well as self-blood glucose monitoring;
7. Routine health maintenance, including physical exam, pap smear/pelvic exam, breast exam, mammogram, rectal exam and prostate (PSA) and colorectal cancer screening;
8. Pregnancy and diabetes, which includes pre-pregnancy counseling for optimizing metabolic control prior to conception and well as counseling regarding lifestyle modifications that will reduce or delay the development of type 2 diabetes; and
9. Tuberculosis, which includes protocols for testing for latent or active tuberculosis infection and also describes treatment protocols.

CONTRACT HEALTH SUMMARY

Contract Health Service Expenditures

ZRSU's Contract Health Service Expenditures are growing annually. Refer to Appendix O for more details on CHS expenditures.

At ZRSU CHS expenditures are used to pay for services that may or may not be available directly from IHS and that are purchased under contract from community hospitals and specialty practitioners. CHS services are provided almost exclusively based on a 'priority' system, including Priorities One through Four.

Priority One

In June 2004 budget restrictions nationwide forced the IHS to limit access to CHS health care providers to Priority One—services which are required to prevent immediate death or serious impairments. These are:

- Obstetric and Pediatric Emergencies
- Medical emergencies
- Eye emergencies
- Psychiatric emergencies – up to 14 days
- Dental emergencies
- Renal replacement therapy, including transplant
- Emergency transportation
- Surgical emergencies, including orthopedic and gynecological
- Extra depth shoes with custom-molded inserts that meet specific criteria
- Ears, nose, throat (ENT) surgery required when immediate threat to development of speech language
- Gynecological tubal ligation

Other services, many of which are preventive or diagnostic in nature, are currently restricted and are not covered for IHS Contract Health Services. These include services designated as Priorities Two, Three, and Four.

Priority Two

Services are required for potentially life-threatening /severe handicapping conditions and to maintain JCAHO accreditation. In the past, most services listed under Priority 2 have been available at IHS direct care facilities; however, loss of personnel who cannot be replaced or loss of services due to budget restrictions have increased the amount of services sent for CHS expenditures, thereby limiting the services covered under IHS criteria. Priority 2 services include: Laboratory/radiology/nuclear medicine not available onsite.

- Specialty consultation for acute care diagnosis, cancer, high risk OB, etc.
- Backfill for vacant positions in lab, x-ray, pharmacy, as well as physicians, nurses.
- Psychiatric ambulatory and inpatient services
- Non-emergency elective surgery
- Podiatry services – high risk medical
- Prosthetics and appliances

Priority Three

Services contribute to better patient functioning but are not necessarily to prevent death or serious impairment. These include:

- Patient rehabilitation
- Specialty consultation when less than Priority 2
- Hearing aids
- Podiatry / orthopedics – less than Priority 2
- Allergy services
- Preventive medicine / health promotion activities
- Orthodontic services

Priority Four

Services included:

- Long-term residential psychiatric care
- Rehabilitation surgery
- Nonemergency transportation
- Elective surgery–cosmetic

Every Service Unit has the ability to apply third party reimbursements to pay for services, including those listed under Priorities 1, 2, 3 and 4. A Medical Priorities Committee within each Service Unit determines spending plans and authorizes payment for CHS referrals.

The result of these restrictions on expenditures for CHS providers can be devastating. For example, podiatry services are not provided full time, although diabetes is on the rise. If uncontrolled diabetes and poor foot care results in lower limb amputation, the patient may not receive a prosthetic limb if CHS dollars are overspent for the fiscal year. If dental services are restricted and a patient has teeth removed, IHS does not pay for orthodontics (a dental bridge or implant) to help with chewing of food and digestion, which can lead to other digestive complications down the line.

A list of 2003 CHS 'blanket' expenditures of the ZRSU for contracted services is contained in Appendix N *(awaiting data from ZRSU* *). If facility usage trends and health indicators continue to change, and the Zuni-Ramah Service Unit continues to outsource medical services, these numbers will increase exponentially.

The top ten reasons for hospitalizations at facilities other than the ZIH are provided in Appendix O. These services were provided through Contract Health Services and represent individual purchase orders – patients who were admitted either through the emergency room or referred by IHS. In some instances, the services for in-hospital care cannot reasonably be expected to be provided by the ZIH due to restrictions on its equipment and staffing. Most small hospitals across America are facing similar restrictions and rely on larger regional medical facilities to make the capital investments to treat complicated cases.

In some cases across the country contract health providers have refused to see patients because they are due payment. In other cases, patients, health board members, and tribal administrations of other tribes report that individuals are held responsible for payment of medical bills that IHS' CHS has assumed obligation to pay. When payments have not been received by providers in timely manner, individuals are reported to credit bureaus for negligence and their credit rating is negatively affected or sometimes ruined, because IHS has not paid the bill.

Facilities Master Plan

IHS Supportable Space – Health Systems Planning Criteria and Population Mapping

To provide a consistent methodology to determine health care service and facility needs to Native American communities IHS engages a variety of computerized formulas and software that contain population and medical workload data. Unfortunately these programs do not adequately address medical needs for communities of less than about 1,320 Active Users, with approximately 4,400 primary care provider visits annually.

The Health Systems Planning (HSP) software used by IHS provides population, workload projections, and space requirements for new or remodeled health care facilities. This information is of special interest to planners, and some of it is needed to use the Resource Requirements Methodology (RRM) which determines staffing needs for facilities.

The Health Systems Planning software for Zuni Indian Hospital was run with the 2002 Active User population of the Zuni Ramah Service Unit in addition to Urban Indians.

HSP uses formulas based on Total Primary Care Provider Visits (PCPVs). PCPVs to include physician visits for diagnosis typically seen by Family Practice, Internal Medicine, Pediatric, Obstetric/Gynecology, Tribal Physicians and Mid-Level Practitioners that support these specialties. The consultants used Outpatient visits to more accurately reflect provider workload based on need out of concern that PCPV use would not reflect true need when contract health providers and specialists are commonly used.

To arrive at a workload projection that reflects both the trends of managed care, and the demographic character of the communities served by IHS facilities the following methodology has been applied. The average provider minutes spent per patient seen across the United States for each of the four dominant “primary care specialties”:

- Family Practice ------ 19 minutes per patient visit
- Internal Medicine --- 26 minutes per patient visit
- Pediatrics ---------- 19 minutes per patient visit
- OB/Gyn ---------- 22 minutes per patient visit

These provider time profiles were then weighted according to a statistical average demographic distribution of sample IHS communities to arrive at a "weighted average provider time" per IHS primary care patient visit. The average demographic distributions applied are:

- Family Practice ------- 20%
- Internal Medicine ----- 22%
- Pediatrics ---------- 28%
- OB/Gyn ---------- 30%

The resulting weighted average provider time per PCPV is 21.5 minutes. Primary Care Providers perform 1,720 hours per year of direct patient care. A Primary Care Provider sees patients at 90% efficiency during direct patient care times. Primary Care Providers can accommodate 4,300 PCPVs per year.

Exam Room Quantity

For the HSP each primary care provider is allotted 2 examination rooms for his/her dedicated use, when staffed according to each template's provider capacity. If exam rooms are not dedicated to a specific individual provider, and are instead scheduled "on demand" (meaning next available patient &/or provider) the template PCPV capacity is increased by one-third.

Resource Requirements Methodology

The IHS' Resources Requirements Methodology is a system designed to project the staffing needs for a specific facility or primary service area. It is available in a computer spread sheet program to assist with the preparation of staffing estimates. To use the RRM, essential workload information is gathered and entered into the worksheets where it serves as the driving variables for each discipline. The goal of RRM is to help ensure that IHS provides appropriate, reasonable, and consistent staffing information to Congress and Tribes.

The main purpose of the RRM model is to project staffing (in this case to the year 2015) that will be used in the development of Program Justification Documents (PJD), Project Summary Documents (PSD) or tribal requests for technical assistance in the submittal of U.S. Department of Housing and Urban Development Indian Community Block Grant Proposals. Experts in the various disciplines compared staffing ratios with industrial standards in developing the formulas for the program, as well as benchmark information from existing IHS facilities.

The RRM is reviewed periodically and updates are made as they are needed. The current approved version of the RRM is RRM2004, using Active User

Population of 2002. Essential elements of the Preliminary RRM prepared for Zuni Indian Hospital are provided in Appendix P. Appendix Q contains the Program Justification Documentation and the Workload Summary for the ZIH.

The justification for the inclusion of Acute Care Inpatient Beds in a new health care facility is dependent upon the standards and policies set forth in paragraph 4-2.2 of Chapter 2 of the Indian Health Manual.

The number of bed days projected as necessary for a future facility will depend on the service areas age and sex demographics and the following age and sex utilization rates (annual bed days/user) by service:

Medical	Age Group	Male	Female
	15-19	.0524	.0523
	20-24	.0524	.0523
	25-34	.0860	.0626
	35-44	.1318	.0692
	45-54	.2179	.1739
	55-64	.2179	.1739
	65+	.4890	.3936
	Total	.0935	.0795

Total (both sexes): .086

With an average age and sex demographic breakdown, the admission rate is envisioned to be .025 per user. The Average Length of Stay will be 3.68 days.

Facilities Size, Age and Condition

The Facility Data Sheets for ZRSU facilities found on page 35 includes information from the FEDS Deficiencies list. All of the ZRSU buildings are about 30 years old. The standard life expectancy of medical facilities is approximately 40 years, meaning that in the private sector these buildings would be almost fully amortized and ready for major renovation.

Preliminary ZRSU Facility Review and Space Summary

Facility Review – PRELIMINARY pending verification

The ZUNI Service Unit maintains a small campus of buildings that includes

- 12,190 sq. foot inpatient unit
- Warehouse / Maintenance Shop
- 23 Living Quarters (currently constructing new quarters for a total of 30)
- 62,150 Sq. foot ambulatory / dental / pharmacy / laboratory / housekeeping
- 23,190 Sq. foot hospital inpatient unit
- 131 parking + 9 handicapped parking

The Zuni Indian Hospital was originally built around 1974. Since opening it has had minor renovations in the outpatient waiting area (in order to comply with HPPA requirements).

The Hospital was designed to accommodate 37 inpatient medical/surgical beds and obstetrical beds. At present, only 18 inpatient beds are being utilized and many of the rooms that were designed as inpatient bed rooms are being used for other functions (offices, out patient exam/treatment rooms, eye clinic, physical therapy, etc.). As a result, many of these spaces are inappropriately sized for the functions that they currently house.

Space Summary (Zuni Indian Hospital * 2015)

The net and gross areas for the proposed facility are summarized below.

ZIH Space Summary

ZUNI INDIAN HOSPITAL *	Template or Discipline	Net Square Meters	Conversion Factor	Gross Sq Meters
ADDITIONAL SERVICES				
	X01	519.4	1.35	701.19
	X03	6	1.35	8.1
	X05	20	1.35	27
ADMINISTRATION				
Administration	AD	334	1.4	467.6
Business Office	BO	174	1.4	243.6
Health Information Management	HIM	362	1.25	452.5
Information Management	IM	111	1.2	133.2
AMBULATORY				
Audiology	au2	64.3	N/A	81
Dental Care	dc3	486.9	N/A	739
Emergency	er2	86.2	N/A	219
Eye Care	ec1	128.2	N/A	163
Primary Care	PC4	499.4	N/A	734
Primary Care	PC4	499.4	N/A	734
ANCILLARY				
Diagnostic Imaging	DI1	89.5	N/A	126
Laboratory	LB4	204.5	N/A	227
Pharmacy	ph4	259.5	N/A	333
Physical Therapy	pt2	252	N/A	319
BEHAVIORAL				
Mental Health	MH	162	1.4	226.8
Social Work	SW	48	1.4	67.2
FACILITY SUPPORT				
Clinical Engineering	ce1	39.1	N/A	42
Facility Management	fm2	146.2	N/A	164
PREVENTIVE				
Environmental Health	EH	55	1.4	77
Health Education	HE	27	1.4	37.8
Public Health Nursing	PHN	206	1.4	288.4
Public Health Nutrition	PNT	26	1.4	36.4
SUPPORT SERVICES				
Education & Group Consultation	egc2	126.2	1.1	151
Education & Group Consultation	EGC	376	1.1	413.6
Employee Facilities	EF	489.2	1.2	587.04
Housekeeping & Linen	hl2	46.9	1.1	56
Housekeeping & Linen	HL	32	1.1	35.2
Property & Supply	ps3	397.5	N/A	459
Public Facilities	PF	144	1.2	172.8
TOTALS		**Department Gross Square Meters**		**8522.43**
		Building Circulation & Envelope (.20)		**1704.49**
		Floor Gross Square Meters		**10226.92**
		Major Mechanical SPACE (.12)		**1227.23**
		Building Gross Square Meters		**11454.15**

Note: Pine Hill Health Clinic Space Summary is unavailable because it is an ISDA facility.

Appendices

Final 1/12/06

Zuni • Ramah
Service Unit

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Appendices

Appendix A: Glossary

Appendix B: Historical Information

Appendix C: ZRSU Strengths, Weaknesses, Opportunities, Threats

Appendix D: Points of Contact

Appendix E: Results of Interviews with Key ZRSU Staff

Appendix F: Clinic Services and Frequency of ZRSU Clinics

Appendix G: List of additional facilities within 50 miles

Appendix H-1: Outpatient Visit Volume by Diagnoses

Appendix H-2: Outpatient Visit Volume by Age Group

Appendix H-3: ZRSU Top 50 Diagnoses

Appendix I: Questions Presented to Health Board

Appendix J: List of Service Prioritization by ZRSU Health Board

Appendix K: Staffing Needs Summary

Appendix L: Provider Workload and Facility Need Projected to 2015

Appendix M: ZRSU Clinic Migration Data

Appendix N: Contract Health Services

Appendix O: Top 10 CHS In-Patient Diagnoses FY 2000-2003

Appendix P: Essential Elements of RRM For ZUNI INDIAN HOSPITAL **** (Year 2015)

Appendix Q: Program Justification Documents (PJD) ZRSU

Appendix R: Facility Space Utilization Comparisons: 2005 to Projected Need 2015

Appendix A: Glossary

Glossary of Acronyms

AI	American Indian	JCAHO	Joint Commission on Accreditation of Healthcare Organizations
AN	Alaska Native	MCH	Maternal and Child Health
BIA	Bureau of Indian Affairs	NIHB	National Indian Health Board
CDC	Centers for Disease Control	NPIRS	National Patient Information Reporting System
CHA	Community Health Aide	OHPD	Office of Health Program Development
CHR	Community Health Representative	OTA	Office of Tribal Activities
CHS	Contract Health Services	PCC	Patient Care Component
COPC	Community-Oriented Primary Care	PHS	Public Health Service
DHHS	Department of Health and Human Services	PSA	Primary Service Area
ENT	Ear, Nose, and Throat	RPMS	Resource and Patient Management System
GPRA	Government Performance Reporting Act	RRM	Resource Requirements Methodology
HSP	Health Services Plan		
HUD	Housing & Urban Development		
IHPES	Indian Health Performance Evaluation System		
IHS	Indian Health Service		

Glossary of IHS Terms and Phrases

Active User Population

American Indians and Alaska Natives eligible for IHS services who have used those services at any IHS facility within the past three years. These numbers include all people who have ever registered to use a particular facility. The Active User Population of a Service Unit will reflect tribal members who are enrolled in tribes that belong to that particular Service Unit, regardless of where that person receives care throughout the IHS system nationwide. Active User Population also includes tribal members from tribes outside the Service Unit who have received care at a facility within the particular service unit. These numbers are not adjusted for deaths. It is the measure by which funds are allocated to a specific medical facility within the Service Unit, for both medical services and facilities support.

Area Office

A defined geographic region for Indian Health Service administrative purposes. Each Area Office administers several Service Units. In this case, the Albuquerque Area Office has management and coordination responsibilities for the nine Service Units.

Community Health Representative (CHR)

Indians selected, employed, and supervised by their tribes and trained by IHS to provide specific health care services at the community level.

Contract Health Services

Services not available directly from IHS or tribes that are purchased under contract from community hospitals and practitioners. CHS eligibility requirements: (1) must be a Native American or descendent from a federally-recognized Tribe; (2) must be a permanent resident of the county in which the Service Unit resides.

Government Performance and Results Act (GPRA)

A law requiring federal agencies to demonstrate effective use of funds in meeting their missions. The law requires agencies to have a five-year strategic plan (describing long-term goals) in place and to submit annual performance plans and reports (methods for accomplishing strategic plan using annual budget) with their budget requests.

Health Center

A facility, physically separated from a hospital, with a full range of ambulatory services, including at least primary care physicians, nursing, pharmacy, laboratory, and x-ray, that are available at least 40 hours a week for outpatient care.

Health Systems Plan

The HSP is designed to provide the documents necessary to plan and acquire approval for a medical program and then to communicate the necessary information to an Architect/Engineer for the design of a facility. This data is based on Active User Population and Projected User Population.

Health Station

A facility, physically separated from a hospital and health center, where primary care physician services are available on a regularly scheduled basis but for less than 40 hours a week.

Indian Health Performance Evaluation System (IHPES)

The IHPES appraises the quality of care and/or services provided by each participating facility by employing defined and measurable indicators. It is based on the hospital, ambulatory, and demographic information collected by the IHS Resource Patient Management System (RPMS) and provides a mechanism to meet the Joint Commission On Accreditation of Healthcare Organizations (JCAHO) ORYX initiative. The system also is used for the collection and measurement of indicators to meet the requirements of the Government Performance Results Act (GPRA).

Primary Service Area (PSA)

The geographic areas based on proximity in which IHS has responsibilities for planning and distributing health care resources "on or near" reservations; e.g., contract health service delivery areas.

Projected User Population

Based on the percentage of change in the 1990 – 2000 U.S. Census, population of the county where the reservation is located.

Q-Man

Database within RPMS system which contains disease-specific categorization by International Code of Disease (ICD-9).

Resource and Patient Management System (RPMS)

A standardized patient record system used exclusively by IHS to record patient data and provider workload.

Resource Requirements Methodology (RRM)

A computer spreadsheet program that is designed to project the staffing needs for a specific facility or primary service area. Its goal is to help ensure that IHS provides appropriate, reasonable and consistent staffing information to Congress and tribes. Information from the RRM is used in the development of Project Justification Documents (PJD), Project Summary Documents (PSD), or tribal requests for technical assistance in the submittal of HUD Block Grant Proposals.

Service Population

American Indians and Alaska Natives identified to be eligible for IHS services.

Service Unit

The local administrative unit of IHS, defined by geographic characteristics such as proximity of tribes and encompassing a defined Service Population.

Appendix B: Historical Information

Concerning Indian Health Care and the U.S. Commission on Civil Rights' Report: "Broken Promises"

History of Tribes and Medical Services Development

In November 1921, the U.S. Congress passed The Snyder Act (P.L. 94-482) to provide for, among other purposes, the benefit, care, and assistance of Indians throughout the U.S.

The Indian Health Service was created in 1955 to provide health services to Native Americans and Alaska Natives.

Beginning with the Indian Health Care Improvement Act (P.L. 94-437) of 1976, Congress was authorized to appropriate funds specifically for the health care of Indian people.

This Act is considered for reauthorization every five years, providing opportunities for tribes and IHS administration to refine funding priorities in the hopes that Congress will increase appropriations to meet critical facility and service needs.

IHS MISSION: The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

IHS GOAL: To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

FOUNDATION of CARE: To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and culture and to honor and protect the inherent sovereign rights of Tribes.

Annual budget appropriations provide operating revenue for hospitals, clinics, medical professionals, administrative staff, pharmacies, laboratories, and dental, mental health, diabetes education, and contracted health services to medical providers outside of the IHS system.

Three titles of the Indian Health Care Improvement Act (IHCIA) are of particular relevance: Title III, which covers health facilities; Title IV, which covers access to health services; and Title V, which covers health services to urban Indians.

Title III of the IHCIA focuses on ensuring that IHS facilities are fully capable of addressing the needs of the populations they are intended to serve. A number of proposed changes to the Act, as part of the reauthorization process, include consulting with tribes on facilities

expenditures – with the goal of truly representing all unmet health care needs – as well as enabling smaller facilities to meet accreditation eligibility requirements for public insurance programs – with the goal of increasing health care services to tribal members. Other proposed changes have to do with increasing funding options to support the provision of health care services.

Title IV focuses on eliminating the barriers – social, logistical, financial – that prevent Indians from gaining access to and receiving public health care and that also limit reimbursement from third-party payers. Proposed changes under the reauthorization process include: authorizing reimbursement to IHS facilities for all Medicare/Medicaid-covered services; waiving all cost-sharing by IHS-eligible patients enrolled in public insurance programs; and waiving Medicare's late enrollment fee.

Title V focuses on improving the health status of urban Indians. Proposed changes focus on enhancing the U.S. Department of Health and Human Services (HHS)' authority to fund urban Indian health programs through a variety of means, such as grants and loans.

Another piece of federal legislation that is relevant to this plan is the Indian Self-Determination Act Amendments of 1994 (P.L. 103-413), which amend the Indian Self-Determination and Education Act (P.L. 93-638), a law giving tribes the authority to contract for the direct operation of programs serving their members. Title I of P.L. 103-413 significantly amends P.L. 93-638 by simplifying contracts entered into between the United States government and Indian tribes and tribal organizations. In particular, regulations published jointly by HHS and the Department of the Interior to implement P.L. 103-413 aimed at greatly reducing the paperwork required of Indian tribes applying to contract with HHS. The contracting process often is referred to in shorthand as the "638 process," in recognition of the original law.

It is important, however, to put these laws into context. Despite a legal and regulatory framework, "persistent discrimination and neglect continue to deprive Native Americans of a health system sufficient to provide health care equivalent to that provided to the vast majority of Americans," state the authors of "Broken Promises: Evaluating the Native American Health Care System." This report, drafted in July 2004 by the U.S. Commission on Civil Rights' Office of the General Counsel, details social, cultural, structural, and financial barriers that both limit Indians' access to health care and contribute to health disparities and also offers recommendations to close the health care gap for Indians, whether living in rural areas or in towns and cities across the United States.

Among the significant themes repeated in "Broken Promises" is the extent to which the health status of Indians is declining in relation to the general population. One finding is particularly relevant and poignant: Type 2 diabetes, once a disease afflicting adults, now is making a dramatic appearance among Indian youth, which only hastens the likely development of other serious and costly complications.

The report also emphasizes the causal relationship between poverty and substandard housing conditions – realities that many Indians face – and serious health effects. “Because Native Americans have the highest poverty and unemployment rates, their health is inevitably compromised,” the report’s authors state. Compounding this situation is another formidable barrier: limited access to health care services. For example, many Indians live in remote areas where roads can become impassable during certain times of the year, transportation is lacking, and facilities are under-equipped to provide diagnoses or services.

One positive step to addressing these and related deficiencies is IHS’ efforts to involve tribes in determining the location of IHS facilities and the kinds of services needed. In addition to the HSFMP, the Facilities Appropriation Advisory Board has provided input to the IHS on development of a facilities prioritization process that will result in a revised methodology for determining funding for facility renovation or replacement.

Appendix C: ZRSU Strengths, Weaknesses, Opportunities, Threats

At time of printing, there was insufficient data or data was inaccessible to CL Associates for this Appendix.

Appendix D: Points of Contact

Zuni-Ramah Service Unit Points of Contact

Name	Title, Organization Facility	Address Mail & Physical Address	Telephone, Fax, Email
Albuquerque Area - Headquarters			
James Toya	Director, ABQ Area IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-8003
Russ Pederson	Director, OEHE IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4275 505/248-4678 rpederson@ihs.abq.gov
Darrell LaRoche	Director, Health Facilities IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4947 dlaroche@ihs.abq.gov
Zuni-Ramah Service Unit Staff			
Berlinda Wyaco	Laboratory		bmwyaco@abq.ihs.gov
Tom Horeis, LCDR	Pharmacy		505-782-4431, Ext. 521 thoreis@abq.ihs.gov
Nancy Graham	Health Education; Nutrition / Diabetes		782-7360 ngraham@abq.ihs.gov
Stephanie Mahooty,	Rn, Acting Dphn		505-782-4431, Ext. 341 smahooty@abq.ihs.gov
Anne Daniels, WHNP	Women's Health Program		782-4431, Ext. 541 adaniels@abq.ihs.gov
Susan Dunham,	Rnc,Ms,Cnm Ob Department		505-782-4431 sdunham@abq.ihs.gov
Norine S. Ondelacy	Clinical Data Services		782-7437 nondelacy@abq.ihs.gov
Margaret M. Simons, REHS	Environmental Health		505-782-7364 msimons@abq.ihs.gov
Thelma David	Business Office		782-7321
Shawn Mansfield	Facility Management		782-7428 smansfield@abq.ihs.gov
Phillip Vicenti	Information Management		782-7303 pvicenti@abq.ihs.gov

Rozella Walela	General Services		505-782-4431, Ext. 369 rwalela@abq.ihs.gov
Dr. Joan Klonowski, MD	Mental Health		505-782-7312
Dr. Kessler, MD	Urgent Care		
Dr. Scott Daugherty, MD	Diabetes		782-4431, Ext. 354 sdaughty@abq.ihs.gov
Virginia Lasiloo,	RN; Dr. Lindred Charlie, MD – Outpatient		vlasiloo@abq.ihs.gov lcharlie@abq.ihs.gov
Dr. Ron Sellers, OD	Optometry		782-4431, Ext. 486
Becky Sellers, PT	Physical Therapy		782-7529 bsellers@abq.ihs.gov
Dr. Eric J. Coontz, DDS, MS	DDS, MS		505-782-7417 ecoontz@abq.ihs.gov

Appendix E: Results of Interviews with Key ZRSU Staff

INSTRUCTIONS:

When constructing and collating the document, please REMOVE THIS PAGE and REPLACE it with the separate document described here:

Results of Interviews with Key ZRSU Staff,

an 11x17“ spreadsheet printed separately and folded accordian style to fit into 81/2x11” sized binder

Appendix F: Clinic Services and Frequency of ZRSU Clinics

During the preparation of this Plan, the hours and services changed for the Service Unit facilities. Therefore, it was determined best not to list this information. For hours and services available, please contact the facility.

Appendix G: List of additional facilities within 50 miles

ZIH-IHS Area Referral Delivery Plan:

LIST OF ADDITIONAL FACILITIES WITHIN 50 MILES OF ZUNI INDIAN HOSPITAL

Rehoboth Behavioral Health Service	Gallup	39
CLINICS	**CITY**	**DISTANCE**
WITHIN 10 MILES		
Teen Health Center	Zuni	1
Rehoboth McKinley Christian Hospital	Zuni	2
WITHIN 40 MILES		
Health Department - Public Health Division, McKinley County Health Office	Gallup	34
McKinley County Public Health Office	Gallup	34
Rehoboth McKinley Christian Health Care Services - Red Rock Clinic	Gallup	34
Vandenbosch Clinic	Gallup	34
Western Health Foundation	Gallup	34
DCI Biologicals Inc Administrative Offices	Gallup	35
VD Information	Gallup	35
Heavenly Health Family Nurse Practitioners	Gallup	35
Pine Hill Health Center	Pinehill	35
Western New Mexico Counseling Services	Gallup	36
Western New Mexico Medical Group	Gallup	36

HOSPITALS	**CITY**	**DISTANCE**
WITHIN 10 MILES		
Rehoboth McKinley Christian Hospital	Zuni	2
WITHIN 40 MILES		
Rehoboth McKinley Christian Health Care Services	Gallup	34
Vandenbosch Clinic	Gallup	34
Western Health Foundation	Gallup	34
Frances Adult Care Services	Gallup	36
Veterans Affairs Dept	Gallup	36
Rmchcs-Home Care Services	Gallup	39
Rehoboth Behavioral Health Service	Gallup	39

ALCOHOL & DRUG ABUSE	CITY	DISTANCE
WITHIN 40 MILES		
Connections Inc	Gallup	35
Fighting Back	Gallup	35
Route 66 Serenity House	Gallup	35
Alcoholics Anonymous	Gallup	36
Na'nizhoozhi Center Inc	Gallup	36
Rmchcs-Behavioral Health Services	Gallup	39

NURSING CARE FACILITIES	CITY	DISTANCE
ASSISTED LIVING FACILITIES		
WITHIN 20 MILES		
Ramah Adult Care	Ramah	20
WITHIN 40 MILES		
Sundance Care Home	Gallup	35
Tohatchi Area of Opportunity and Services	Gallup	35
Bonney Family Home	Gallup	36
Maloney Shelter Care	Gallup	36
Gallup Group Home	Gallup	38
HOSPICE		
WITHIN 40 MILES		
Rehoboth McKinley Christian Health Care Services - Home Health , Hospice	Gallup	34
Rmchcs-Home Care Services	Gallup	39
NURSING & PERSONAL CARE		
WITHIN 40 MILES		
TLC Home Care	Gallup	34

Appendix H-1:Outpatient Visit Volume by Diagnoses

ZRSU Outpatient Visit Volume by Diagnoses (2004)

	Zuni		Zuni - Ramah	
Group	**Visits**	**% of Total**	**Visits**	**% of Total**
Diseases of the Respiratory System	**4,461**	**5%**	**3,632**	**16%**
Endocrine, nutritional, metabolic diseases, and imm	**5,684**	**6%**	**1,219**	**5%**
Diseases of the Nervous System and Sense Organs	**5,443**	**6%**	**1,763**	**8%**
Diseases of the Musculoskeletal and Connective Tis	**4,889**	**5%**	**1,122**	**5%**
Mental Disorders	**2,100**	**2%**	**313**	**1%**
Symptoms, Signs, and Ill-defined conditions	**3,972**	**4%**	**798**	**3%**
Injury and Poisoning	2,926	3%	663	3%
Diseases of the Circulatory System	2,472	3%	358	2%
Infectious and Parasitic Disease	2,196	2%	349	2%
Diseases of the Genitourinary System	2,380	3%	380	2%
Diseases of the Skin and Subcutaneous Tissue	2,074	2%	371	2%
Diseases of the Digestive System	1,543	2%	560	2%
Complications of Pregnancy, Childbirth, and the Puerpe	2,135	2%	19	0%
Diseases of the Blood and Blood-Forming Organs	331	0%	43	0%
Neoplasms	183	0%	10	0%
Congenital Anomalies	60	0%	20	0%
Certain Conditions Originating in the Perinatal Period	131	0%	1	0%
Other / Supplemental	46,332	52%	11,412	50%
Prescriptions	**10,547**	**12%**	**4,685**	**20%**
Dental	**9,452**	**11%**	**2,735**	**12%**
Lab	5,590	6%	291	1%
eye	1,592	2%	39	0%
Vaccination	1,126	1%	348	2%
Pregnancy	1,001	1%	281	1%
Routine Infant or Child Health Check	2,093	2%	305	1%
Contraception	1,216	1%	137	1%
Other Encounter for Administrative Purposes	361	0%	117	1%
GYN Exam	911	1%	81	0%
Health Education / Instruction	456	1%	16	0%
Health Exams of Defined Subpops	187	0%	131	1%
TB	613	1%	167	1%
Other medical exam for admin purposes	235	0%	345	1%
PT	27	0%		0%
Dietary	76	0%	88	0%
Radiological exam	715	1%	2	0%
Other	10,134	11%	1,644	7%
Total	**89,312**	**100%**	**23,033**	**100%**

Source: IHSPES

Appendix H-2: Outpatient Visit Volume by Age Group

2004 Patient Visits by Primary, Secondary, and Tertiary Diagnostic Groups

ZUNI HO

Diagnosis #	Diagnostic Category	0	1-14	15-44	45-64	65+	Total		% of Total					
									Diagnostic Group	0	1-14	15-44	45-64	65+
Primary	Other / Supplemental	1,443	7,749	17,048	11,594	6,405	44,239		52%	3%	18%	39%	26%	14%
	Diseases of the Nervous System and Sense Organs	43	1,181	2,379	1,319	433	5,355		6%	1%	22%	44%	25%	8%
	Endocrine, nutritional, metabolic diseases, and immunity disorders	3	71	1,186	2,524	1,538	5,322		6%	0%	1%	22%	47%	29%
	Diseases of the Musculoskeletal and Connective Tissue	1	131	2,106	2,009	541	4,788		6%	0%	3%	44%	42%	11%
	Diseases of the Respiratory System	421	1,533	1,386	613	421	4,374		5%	10%	35%	32%	14%	10%
	Symptoms, Signs, and Ill-defined conditions	109	559	1,650	955	539	3,812		4%	3%	15%	43%	25%	14%
	Injury and Poisoning	8	610	1,526	526	241	2,911		3%	0%	21%	52%	18%	8%
	Diseases of the Genitourinary System	6	94	917	748	582	2,347		3%	0%	4%	39%	32%	25%
	Infectious and Parasitic Disease	122	605	783	364	302	2,176		3%	6%	28%	36%	17%	14%
	Complications of Pregnancy, Childbirth, and the Puerperium		5	2,130			2,135		2%	0%	0%	100%	0%	0%
	Diseases of the Circulatory System		16	527	794	778	2,115		2%	0%	1%	25%	38%	37%
	Diseases of the Skin and Subcutaneous Tissue	44	292	724	583	426	2,069		2%	2%	14%	35%	28%	21%
	Mental Disorders		417	1,090	316	82	1,905		2%	0%	22%	57%	17%	4%
	Diseases of the Digestive System	60	207	617	390	165	1,439	% of	2%	4%	14%	43%	27%	11%
	Diseases of the Blood and Blood-Forming Organs	2	28	44	107	147	328	Patients	0%	1%	9%	13%	33%	45%
	Neoplasms		5	31	89	52	177	with	0%	0%	3%	18%	50%	29%
	Certain Conditions Originating in the Perinatal Period	131					131	Primary	0%	100%	0%	0%	0%	0%
	Congenital Anomalies	3	26	22	8	1	60	Diagnosis	0%	5%	43%	37%	13%	2%
Primary Total		**2,396**	**13,529**	**34,166**	**22,939**	**12,653**	**85,683**	**100%**	**100%**	**3%**	**16%**	**40%**	**27%**	**15%**
Secondary	Other / Supplemental	859	1,265	4,037	1,912	1,276	9,349		19%	9%	14%	43%	20%	14%
	Endocrine, nutritional, metabolic diseases, and immunity disorders	33	271	2,295	3,928	2,456	8,983		18%	0%	3%	26%	44%	27%
	Diseases of the Circulatory System		14	1,037	2,231	1,798	5,080		10%	0%	0%	20%	44%	35%
	Diseases of the Genitourinary System	5	83	1,028	1,928	1,441	4,485		9%	0%	2%	23%	43%	32%
	Symptoms, Signs, and Ill-defined conditions	90	451	1,946	1,107	517	4,111		8%	2%	11%	47%	27%	13%
	Diseases of the Nervous System and Sense Organs	43	504	1,234	925	473	3,179		6%	1%	16%	39%	29%	15%
	Diseases of the Digestive System	25	336	1,461	987	350	3,159		6%	1%	11%	46%	31%	11%
	Diseases of the Musculoskeletal and Connective Tissue		51	1,069	1,243	581	2,944		6%	0%	2%	36%	42%	20%
	Diseases of the Respiratory System	118	550	762	480	195	2,105		4%	6%	26%	36%	23%	9%
	Mental Disorders	2	263	1,030	436	139	1,870		4%	0%	14%	55%	23%	7%
	Diseases of the Skin and Subcutaneous Tissue	87	219	474	380	331	1,491		3%	6%	15%	32%	25%	22%
	Infectious and Parasitic Disease	40	110	471	269	113	1,003		2%	4%	11%	47%	27%	11%
	Diseases of the Blood and Blood-Forming Organs	9	48	187	257	475	976		2%	1%	5%	19%	26%	49%
	Injury and Poisoning	4	117	407	152	74	754	% of	1%	1%	16%	54%	20%	10%
	Complications of Pregnancy, Childbirth, and the Puerperium		1	676			677	Patients	1%	0%	0%	100%	0%	0%
	Neoplasms	1	9	41	94	43	188	with	0%	1%	5%	22%	50%	23%
	Congenital Anomalies	22	42	42	14		120	Secondary	0%	18%	35%	35%	12%	0%
	Certain Conditions Originating in the Perinatal Period	55		1			56	Diagnosis	0%	98%	0%	2%	0%	0%
Secondary Total		**1,393**	**4,334**	**18,198**	**16,343**	**10,262**	**50,530**	**59%**	**100%**	**3%**	**9%**	**36%**	**32%**	**20%**
Tertiary	Other / Supplemental	534	628	1,784	1,704	1,145	5,795		22%	9%	11%	31%	29%	20%
	Endocrine, nutritional, metabolic diseases, and immunity disorders	4	91	1,132	2,359	1,409	4,995		19%	0%	2%	23%	47%	28%
	Diseases of the Circulatory System		7	586	1,537	1,321	3,451		13%	0%	0%	17%	45%	38%
	Symptoms, Signs, and Ill-defined conditions	24	137	881	689	345	2,076		8%	1%	7%	42%	33%	17%
	Diseases of the Genitourinary System	6	17	403	596	546	1,568		6%	0%	1%	26%	38%	35%
	Diseases of the Nervous System and Sense Organs	14	93	386	661	387	1,541		6%	1%	6%	25%	43%	25%
	Diseases of the Digestive System	8	88	547	549	225	1,417		5%	1%	6%	39%	39%	16%
	Diseases of the Musculoskeletal and Connective Tissue		13	258	523	321	1,115		4%	0%	1%	23%	47%	29%
	Mental Disorders		52	496	294	139	981		4%	0%	5%	51%	30%	14%
	Diseases of the Blood and Blood-Forming Organs	2	20	149	245	276	692		3%	0%	3%	22%	35%	40%
	Diseases of the Respiratory System	18	99	259	174	70	620		2%	3%	16%	42%	28%	11%
	Diseases of the Skin and Subcutaneous Tissue	21	56	174	179	129	559		2%	4%	10%	31%	32%	23%
	Complications of Pregnancy, Childbirth, and the Puerperium			440			440		2%	0%	0%	100%	0%	0%
	Infectious and Parasitic Disease	15	18	226	132	49	440	% of	2%	3%	4%	51%	30%	11%
	Injury and Poisoning	1	29	146	61	22	259	Patients	1%	0%	11%	56%	24%	8%
	Neoplasms		2	23	53	35	113	with	0%	0%	2%	20%	47%	31%
	Congenital Anomalies	3	14	25	6	4	52	Tertiary	0%	6%	27%	48%	12%	8%
	Certain Conditions Originating in the Perinatal Period	12		2			14	Diagnosis	0%	86%	0%	14%	0%	0%
Tertiary Total		**662**	**1,364**	**7,917**	**9,762**	**6,423**	**26,128**	**30%**	**100%**	**3%**	**5%**	**30%**	**37%**	**25%**

Appendix H-3: ZRSU Top 50 Diagnoses

Top 50 Diagnosis: Zuni Indian Hospital ****

	ZUNI INDIAN HOSPITAL			2004		1999-2004
RANK	**ICD DIAGNOSIS NAME**	**1999**	**2004**	**% of Total**	**Cum % Total**	**% Change**
1	Issue Repeat Prescript	3,157	10,450	12%	12%	231%
2	Dental Examination	6,632	9,452	11%	23%	43%
3	Laboratory Examination	4,134	5,580	7%	30%	35%
4	Acute Uri Nos	2,156	2,666	3%	33%	24%
5	Diab Uncomp Typ Ii/Niddm	3,084	2,507	3%	36%	-19%
6	Myopia	1,298	2,125	2%	38%	64%
7	Routin Child Health Exam	1,758	2,078	2%	41%	18%
8	Hypertension Nos	894	1,524	2%	42%	70%
9	Fit Contact Lens/Glasses	1,129	1,177	1%	44%	4%
10	Vaccine And Inocula Influenza		987	1%	45%	
11	Gynecologic Examination	975	911	1%	46%	-7%
12	Diab Renal Manif Typ Ii/	157	828	1%	47%	427%
13	Supervis Oth Normal Preg	906	816	1%	48%	-10%
14	Follow-Up Exam Nec	903	780	1%	49%	-14%
15	Chronic Renal Failure	1687	755	1%	50%	-55%
16	Contracept Surveill Nec	583	725	1%	51%	24%
17	Radiological Exam Nec	444	715	1%	51%	61%
18	Vacine For Viral Hepatit	247	619	1%	52%	151%
19	Screening-Pulmonary Tb	793	605	1%	53%	-24%
20	Unspec Viral Infections	492	589	1%	54%	20%
21	Astigmatism Nos	559	585	1%	54%	5%
22	Diab Uncontrol, Type Ii	263	545	1%	55%	107%
23	General Medical Exam Nos	374	543	1%	56%	45%
24	Rheumatoid Arthritis	330	524	1%	56%	59%
25	Lumbago	221	522	1%	57%	136%
26	Oth Scrning Mammog Malig Neoplasm Breast	243	508	1%	57%	109%
27	Urin Tract Infection Nos	342	484	1%	58%	42%
28	Rehabilitation Proc Nec	26	473	1%	58%	1719%
29	Ear & Hearing Exam	639	433	1%	59%	-32%
30	Depressive Disorder Nec	374	428	0%	59%	14%
31	Oth Aftercare Post Surge	87	420	0%	60%	383%
32	Hypermetropia	271	412	0%	60%	52%
33	Reason For Consult Nec	428	380	0%	61%	-11%
34	Abn Glucose-Antepartum	299	379	0%	61%	27%
35	Joint Pain-L/Leg	157	366	0%	62%	133%
36	Administrtve Encount Nec	77	358	0%	62%	365%
37	Encounter For Therapeutic Drug Monitoring		353	0%	63%	
38	Dermatophytosis Of Nail	15	350	0%	63%	2233%
39	Person Consult Another Person		347	0%	63%	
40	Screening-Eye Cond Nec	538	342	0%	64%	-36%
41	Antenatal Screening Nec	401	336	0%	64%	-16%
42	Pneumonia, Organism Nos	306	334	0%	65%	9%
43	Pain In Limb	197	314	0%	65%	59%
44	Oth Curr Cond-Antepartum	177	300	0%	65%	69%
45	Otitis Media Nos	408	289	0%	66%	-29%
46	Plantar Fibromatosis	92	284	0%	66%	209%
47	Headache	162	277	0%	66%	71%
48	Ingrowing Nail	250	269	0%	67%	8%
49	Conjunctivitis Nos	227	254	0%	67%	12%
50	Atten-Surg Dressng/Sutur	53	253	0%	67%	377%
	All Other	27,835	28,132	33%	**100%**	1%
	ZUNI IH TOTAL	**66,780**	**85,683**	**100%**		**28%**

Top 50 Diagnosis: Pine Hill Health Center

PINE HILL HC

RANK	ICD DIAGNOSIS NAME	1999	2004	2004 % of Total	2004 Cum % Total	1999-2004 % Change
1	Issue Repeat Prescript	1,926	4,782	18%	18%	148%
2	Dental Examination	842	2,735	10%	28%	225%
3	Diab Uncomp Typ Ii/Niddm	472	1,316	5%	33%	179%
4	Acute Sinusitis Nos	588	1,309	5%	38%	123%
5	Acute Uri Nos	380	1,300	5%	43%	242%
6	Follow Up Ex-Hi Risk Med	526	834	3%	46%	59%
7	Hypertension Nos	129	552	2%	48%	328%
8	Otitis Media Nos	309	521	2%	50%	69%
9	Oth Specified Counseling	4	372	1%	52%	9200%
10	Other Unspec Counseling	397	358	1%	53%	-10%
11	Med Exam Nec-Admin Purp		348	1%	54%	
12	Routin Child Health Exam	285	320	1%	55%	12%
13	Laboratory Examination	436	301	1%	57%	-31%
14	Vaccine And Inocula Influenza		298	1%	58%	
15	Acute Pharyngitis	148	297	1%	59%	101%
16	Supervis Oth Normal Preg	117	269	1%	60%	130%
17	Myopia	147	268	1%	61%	82%
18	Prophylactic Measure Nos	5	262	1%	62%	5140%
19	Noninf Gastroenterit Nec	113	231	1%	63%	104%
20	Problems With Hearing		227	1%	64%	
21	Rheumatoid Arthritis	46	224	1%	64%	387%
22	Urin Tract Infection Nos	101	205	1%	65%	103%
23	Housing/Econo Circum Nos	121	192	1%	66%	59%
24	Backache Nos	84	176	1%	66%	110%
25	Screening-Pulmonary Tb	49	172	1%	67%	251%
26	Acute Stress React Nos	2	168	1%	68%	8300%
27	Other Convulsions	23	159	1%	68%	591%
28	Hypermetropia	94	153	1%	69%	63%
29	Routine Medical Exam	223	147	1%	69%	-34%
30	Atten-Surg Dressng/Sutur	80	146	1%	70%	83%
31	Acute Bronchitis	108	132	0%	71%	22%
32	Health Exam-Group Survey	213	132	0%	71%	-38%
33	Acute Conjunctivitis Nos	103	129	0%	72%	25%
34	Allergic Rhinitis Nos	75	128	0%	72%	71%
35	Lumbago	11	127	0%	72%	1055%
36	Administrtve Encount Nec	107	120	0%	73%	12%
37	Dental Disorder Nos	97	120	0%	73%	24%
38	Ac Nonsup Otitis Med Nos	35	119	0%	74%	240%
39	Abdominal Pain, Uns Site	50	118	0%	74%	136%
40	Housing/Econo Circum Nec	472	118	0%	75%	-75%
41	Bronchitis Nos	58	111	0%	75%	91%
42	Dietary Surveil/Counsel	50	105	0%	76%	110%
43	Depressive Disorder Nec	29	101	0%	76%	248%
44	Follow-Up Exam Nos	151	95	0%	76%	-37%
45	Fever	33	94	0%	77%	185%
46	Headache	37	88	0%	77%	138%
47	Asthma Unspecified	21	85	0%	77%	305%
48	Referral-No Exam/Treat	377	85	0%	78%	-77%
49	Adjustment Hearing Aid		84	0%	78%	
50	Gynecologic Examination	30	81	0%	78%	170%
		2,711	5,800	22%	**100%**	114%
	PINE HILL HC TOTAL	**12,415**	**26,614**	**100%**		**114%**
	RAMAH DEPT OF BEHAV HEALTH TOTAL	**162**	**103**			**-36%**

Appendix I: Questions Presented to Health Board

Zuni-Ramah Service Unit Master Plan Questionnaire

Health Board and Tribal Consultation Questions

General Questions for Discussion

1. What characteristics and services of the ZSU should determine priority for funding?
    a. Distance to care – how it affects access to care
    b. Number of patients who actually use the clinic services
    c. Quality of health & incidence of disease – review historical epidemiology statistics
    d. Quality of care VS proximity to care -- Are issues of quality of care more or less important than convenience/location of service?
    e. Others … ?

2. Which of the services that ZSU presently refers out, or contracts for services, do you believe could be adequately located in the ZSU?

3. How can we improve the health care delivery of the ZSU area? Be specific about improvements.
    a. How to improve existing services within the hospital/clinic?
    b. New services within the hospital/clinic?
        i. What is being considered?
        ii. What should be considered?
    c. Improved facilities ?
    d. New facilities?
    e. Service Improvements

4. Are there communities or geographic groups of communities that are specifically underserved in relationship to access to primary care?
   Please list

5. Should we re-define the communities and the service centers they fall under? Is everyone included?

7. What is the best strategy to provide care for the urban Indians?

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Appendix J: List of Service Prioritization by ZRSU Health Board

	SERVICE SHOULD BE PROVIDED AT:				
Health Service	**ZSU Hospital or Clinic**	**Pinehill**	**Gallup**	**Albuquer-que**	**Notes**
Physician Care					
Family Practice	X	X			
Internal Medicine	X	X			
Pediatric	X	X			
Gynecology	X	X			
Dermatology	1x mo	X			
Orthopedics	1x wk				
Gerontology	1x wk				Also at senior centers
Opthamology	1x mo				
Radiologists	1x wk				
General Surgery	X				
Otolaryngology	1x mo				
Cardiology	2x mo				
Urology	1x mo				
Neurology	1x mo				
Nephrology	Full time	1x wk			
Allergy	2x mo				
Pulmonology	2x mo				
Gastroenterology	2x wk				
Rheumatology	1x mo				
Oncology				X	
Traditional Healing	X				
Dental	X				Mobile Satellite Clinic
Oral Surgery	2x wk				
Labor & Delivery – birthing center	X	X			

Health Service	SERVICE SHOULD BE PROVIDED AT: ZSU Hospital or Clinic	Pinehill	Gallup	Albuquer-que	Notes
EMERGENCY / ICU					
After Hours Urgent Care	X				
Emergency	X	X			MDs at Pinehill
Ground Ambulance	X	X			
Air Ambulances: Rotor	Air Field & Helipad	Air Field & Helipad			
Air Ambulance: Fixed					
AMBULATORY CARE SERVICES					
Nutrition	X				Public Health Field Nurse
Optometry	X	PT			
Podiatry	X	PT			Add 1 more at Zuni
Dialysis	X	Mobile			Mobile unit for Ramah
Audiology	2x wk				
Chiropractic	1x wk				
Acupuncture	1x wk				
Massage	X	X			
BEHAVIORAL HEALTH					
Psychiatry	X				1 or 2 more doctors + day counseling
Mental Health	X				Need space for therapy and observation
Social Workers	X				
Social Services	X				
Alcohol & Substance Abuse - After Care, Rehab, Follow-up	X				
Substance Abuse Transitional Care	X				Include special services for teens and elders
Medical Detox	X				
ELDER CARE					
Skilled Nursing	X	X			10 beds each facility
Assisted Living	X	X			Plus apartments
Hospice	X				
Home Health Care	X	X			Office Space for Home Health Care
WELL BABY/WELL CHILD					
Post partum baby checks	X	X			More postpartum Clinic Space
Vaccinations	X	X			5 staff Zuni, 3 staff Pinehill

Health Service	SERVICE SHOULD BE PROVIDED AT: ZSU Hospital or Clinic	Pinehill	Gallup	Albuquer-que	Notes
EMERGENCY / ICU					
After Hours Urgent Care	X				
PREVENTIVE MEDICINE					
Diabetes	1x wk	1 x wk			Mobile education, youth prevention, diabetes nurse.
Wellness Center	X				
Demo Kitchen	X				
Hypertension	1x wk				
ANCILLARY SERVICES					
Staffed Pharmacy	X				More Clinic Space, Staff, Satellite Pharmacy
Lab Specimen Collection	X				
Clinical Lab	X				
Microbiology Lab	X				
Illegal Drug Testing	X				
Anatomical Pathology	X				
X-Rays	X				More staff, Space, 24 hour operation. Replace ultrasound at
Ultrasound Level I	Daily				
Fluroscopy	1x wk				
CT	Daily				
MRI	Daily				
Nuclear Medicine				X	
Radiation Oncology				X	
Medical Oncology (Chemo)				X	
Physical Therapy	Daily	3x wk			More space / staff.
Occupational Therapy	Daily	1x wk			
Speech Therapy	1x wk				
Respiratory Therapy	X	1x wk			
Outpatient Endoscopy	2x mo				
Outpatient Surgery	X				
Inpatient Surgery	X				

Health Service	SERVICE SHOULD BE PROVIDED AT: ZSU Hospital or Clinic	Pinehill	Gallup	Albuquer-que	Notes
WOMEN'S CARE					
Women's Health Clinic	X	2x mo			
Mammography	X	Mobile			
Screening Mammography					
Ultrasound – OB					
Pap smears	X				More space & staff
STD treatment / counseling	X				More space & staff
Birth Control counseling	X				Teen clinics in villages
MEN'S CLINICS					
Men's health clinic	2x wk	1x wk			
Prostate screening	X	X			
STD treatment / counseling	X				Staff, Space
Birth Control counseling	X				
INPATIENT CARE					
Labor & Delivery – low risk	X				
Labor & Delivery – high risk	X				
Medical Inpatient	X				
Surgical Inpatient	X				
Pediatric	X				
Intensive Care	X				
Sub Acute / Transitional Care	X				
Acute Dialysis	X				
Adolescent Substance Abuse	X				
Adult Substance Abuse	X				
Psychiatric	X				One or two more doctors, plus day counseling
Psychiatric – low acuity	X				
Psychiatric – high acuity	X				

Health Service	SERVICE SHOULD BE PROVIDED AT: ZSU Hospital or Clinic	Pinehill	Gallup	Albuquer-que	Notes
OTHER SERVICES					
Case Management	X	X			3 more staff Pinehill 5 Zuni
Environmental Health	X	X			1 more staff Pinehill, 1 Zuni
Transportation	X	X			In House, EMS, Security, Hospital-Based Transport,
Public Health Nursing	X	X			5 Pinehill
Public Health Nutrition	X	X			2 Pinehill, 1 Zuni
Health Education	X	X			
School Education - dental	X	X			
School Education - prevention	X	X			
After Hour & Weekend clinics	X	X			Pinehill: Pharmacy, Med, Records, Medical Staff
Diabetes Clinics	X	Mobile			Group Meetings, Esp. for Youth Prevention, Diabetes Nurses,
Epidemiology Services	X	X			
Coding and Medical Records	X				Coders & Recorders: 7 more at Zuni, 5 more at Pinehill
Benefits Coordinator	X				4 Zuni, 2 Pinehill
Adult and Child Protection, Intervention	X				Move to tribal Social Services Programs
Business Office	X	X			10 more at Zuni; 5 more at Pinehill
Technology / Info Management	X	X			Space and staff
Conference / Meeting space	X	X			For coordianton between PHN, Education, Outreach, Planning
Continuing Education Space	X	X			
Forensics	X	X			
Interpreters	X	X			
Security cameras	X	X			
Dietician / hospital / food service	X				More space and staff

Appendix K: Staffing Needs Summary

Appendix K: ZIH Staffing Needs Summary PRELIMINARY & Pending Staff Input

2015 RRM based on Projected Active User Population of 11,926 In- Patients and 8,677 Outpatients

*	*2004 User Population*	*10,374*	*PLUS*	*2004 Non-ZRSU Tribal User Population*	*421*
	2004 Outpatient Visits (1)	*85,683*		*2004 Laboratory Tests*	
	2004 Hospital Discharges (1)	*739*		*2004 Laboratory Visits (2)*	*4740*
	2004 ZIH Births (2)	*111*		*2004 Dental Visits (2)*	*9339*
	2004 Optometry visits (2)	*5733*		*2004 Dental Patients (2)*	*3419*
	2004 Pharmacy visits (2)	*42,363*		*2004 Xray Exams (2)*	*1702*
	2004 Prescriptions (2)	*11,103*			

* Information from (1) IHPES (2) RPMS (3) providers and based on observation of use

			2004 Staffing	Needed for Curre Use *	Unfilled Positio Vacanci	2015 Need Fror RRM	2015 Need Base on Use Proje
INPATIENT CARE							
	INPATIENT PHYSICIANS						
		Chief of Service				0.23	
		GM Physician				1.64	
		Peds. Physician				0.00	
		OB/GYN Physician				0.00	
		Clerical Support				0.41	
		Subtotal:	**0**	**0**	**0**	**2.28**	**0**
	SURGEONS						
		General Surgeon				0.00	
		OB/GYN Surgeon				0.00	
		Nurse/Midwife				0.00	
		Anesthesiologist				0.00	
		Subtotal:	**0**	**0**	**0**	**0.00**	**0**
	NURSING						
		Nursing Administration				12.00	
		Admin. Clerical Support				1.00	
		GM/SURG-Registered Nurse				11.19	
		GM/SURG - LPN/Technician				3.55	
		GM/SURG - Clerical Support				0.76	
		PED-Registered Nurse				0.00	
		PED-LPN/Technician				0.00	
		PED - Clerical Support				0.00	
		OB/L&D - Registered Nurse				0.00	
		OB/L&D - LPN/Technician				0.00	
		OB/L&D - Clerical Support				0.00	
		Newborn - LPN/Technician				0.00	
		Newborn - Clerical Support				0.00	
		Nursery, RN, Fixed				0.00	
		Nursery, LPN/Technician				0.00	
		Nursery, Clerical Support				0.00	
		ICU, RN				0.00	
		ICU, Clerical Support				0.00	
		Step-Down Unit, RN				0.00	
		Step-Down Unit, LPN				0.00	
		Step-Down Unit, Clerical Support				0.00	
		OR RN				0.00	
		OR, LPN/Technician				0.00	
		Post Anesthesia Recovery, RN				0.00	
		Ambulatory Surgery, RN				0.00	
		Psych-RN, Fixed				0.00	
		Psych, LPN/Technician				0.00	
		Psych, Clerical Support				0.00	
		Quality Improvement Nurse				0.00	
		Discharge Planning Nurse				1.00	
		Observ. Bed - Registered Nurse				1.00	
		Patient Escort, RN				0.00	
		Nurse Educator				0.00	
		Subtotal:		**0**	**0**	**30.50**	**0**
	INPATIENT DEVIATIONS						
		INP_DEV1				0.00	
		Subtotal:		**0**	**0**	**0.00**	**0**
	SUBTOTAL-Inpatient Services					**0.00**	

			2004 Staffing	Needed for Curre Use *	Unfilled Positio Vacanci	2015 Need Fro RRM	2015 Need Base on Use Proje
AMBULATORY CARE							
	EMERGENCY						
		ER/After Hours Staff				3.22	
		ER RN Supervisor				1.00	
		ER Medical Clerks				1.50	
		RNs, ER				3.55	
		Subtotal:		**0**	**0**	**9.27**	**0**
	AMBULATORY PHYSICIAN						
		Primary Care Provider		6	1	10.91	
		Specialty Care Provider				0.34	
		Primary Care Provider (CHA/P)				0.00	
		Physician Assistant				0.00	
		Clerical Support				2.45	
		Subtotal:		**6**	**1**	**13.70**	**0**
	AMBULATORY SURGERY						
		General Surgeon				0.00	
		Subtotal:		**0**	**0**	**0.00**	**0**
	NURSING AMBULATORY / IN-PATIENT **						
		Nurse Supervisory (in hosp.OPD)				1.00	
		Medical Clerk, Exec. Support				1.00	
		Nurse Manager				2.95	
		RN, Core Activities				13.07	
		LPN				4.42	
		Clerical Support				4.17	
		Infection Control Nurse				0.00	
		NA / MST				0.00	
		Subtotal:		**0**	**0**	**26.61**	**0**
	EYE CARE						
		Optometrist				1.72	
		Optometric Assistant				1.72	
		Optometric Technician				1.52	
		Ophthalmologist				0.00	
		Opthalmologist Assistant				0.00	
		Subtotal:		**0**	**0**	**4.96**	**0**
	AUDIOLOGY						
		Audiologist				1.14	
		Audiometric Technician				0.14	
		Subtotal:		**0**	**0**	**1.28**	**0**
	PHYSICAL THERAPY						
		Physical Therapist				1.75	
		Occupational Therapist					
		Subtotal:		**0**	**0**	**1.75**	**0**
	CLERICAL POOL						
		PT, Audiology & Eye Care				1.25	
		Subtotal:		**0**	**0**	**1.25**	**0**
	DENTAL						
		Dentist		2		10.46	
		Dental Assistant		3		20.91	
		Dental Hygienist				2.61	
		Clerical Support				3.14	
		Subtotal:		**5**	**0**	**37.12**	**0**
	AMBULATORY DEVIATIONS & Notes						
		Ambulatory Dev1				0.00	
		Ambulatory Dev2				0.00	
	**	1 - 1 1/2 RNs on inpatient duty, 12 hour shifts				0.00	
		Subtotal:				**0.00**	
	SUBTOTAL - Ambulatory Clinics			**11.00**	**1.00**	**95.94**	**0.00**

	2004 Staffing	Needed for Curre Use *	Unfilled Positio Vacanci	2015 Need Fro RRM	2015 Need Base on Use Proje
CLINICAL SUPPORT (ANCILLARY SERVICES)					
LABORATORY					
Medical Technologist				3.64	
Medical Technician (CHA/P)				0.00	
Medical Technician				2.89	
Subtotal:		**0**	**0**	**6.53**	**0**
PHARMACY					
Pharmacist				9.45	
Pharmacist (CHA/P)				0.00	
Pharmacy Technician				3.67	
Subtotal:		**0**	**0**	**13.12**	**0**
DIAGNOSTIC IMAGING					
Imaging Technologist				3.21	
Imaging Technologist (CHA/P)				0.00	
Subtotal:		**0**	**0**	**3.21**	**0**
MEDICAL RECORDS					
Medical Records Administrator				1.00	
Medical Records Technician				10.69	
Medical Records Technicial (CHA/P)				0.00	
PCC Supervisor				1.34	
PCC Data Entry Personnel				5.36	
PCC Data Entry Personnel (CHA/P)				0.00	
Coder				5.13	
Medical Runner				0.60	
Subtotal:		**0**	**0**	**24.12**	**0**
RESPIRATORY THERAPY					
Respiratory Staff				0.95	
Subtotal:		**0**	**0**	**0.95**	**0**
CLERICAL POOL					
Lab, Pharmacy & Imaging				1.25	
Subtotal:		**0**	**0**	**1.25**	**0**
ANCILLARY DEVIATIONS					
ANCIL_DEV1				0.00	
ANCIL_DEV2				0.00	
ANCIL_DEV3				0.00	
ANCIL_DEV4				0.00	
Subtotal:		**0**	**0**	**0.00**	**0**
SUBTOTAL - Ancillary Services		**0.00**	**0.00**	**49.18**	**0.00**
COMMUNITY HEALTH					
PUBLIC HEALTH NUTRITION					
Nutritionist				2.90	
Subtotal:		**0**	**0**	**2.90**	**0**
PUBLIC HEALTH NURSING					
Public Health Nurse Manager				1.00	
Public Health Nurse				10.97	
Public Health Nurse - School				0.00	
Clerical Support				1.39	
Subtotal:		**0**	**0**	**13.36**	**0**
HEALTH EDUCATION					
Public Health Educator				2.17	
Subtotal:		**0**	**0**	**2.17**	**0**
OFC OF ENVIRONMENTAL HEALTH & ENGRG					
OEHE RRM				3.00	
Subtotal:		**0**	**0**	**3.00**	**0**
SUBTOTAL - Community Health				**21.43**	

			2004 Staffing	Needed for Curre Use *	Unfilled Positio Vacanci	2015 Need Fro RRM	2015 Need Base on Use Proje
BEHAVIORAL HEALTH SERVICES							
	MENTAL HEALTH						
		Mental Health Staff				4.74	
		Subtotal:		**0**	**0**	**4.74**	**0**
	SOCIAL SERVICES						
		MSW Counselor Inpatient Only				0.25	
		Social Service Staff				3.11	
		Subtotal:		**0**	**0**	**3.36**	**0**
	CLERICAL POOL						
		Behavioral Health				1.25	
		Subtotal:		**0**	**0**	**1.25**	**0**
	RRM DEVIATIONS - COMMUNITY HEALTH						
		Psychiatrist				0.00	
		Mental Health Technician		1		0.00	
		CM_DEV3				0.00	
		CM_DEV4				0.00	
		CM_DEV5				0.00	
		CM_DEV6				0.00	
		Subtotal:		**1**	**0**	**0.00**	**0**
	SUBTOTAL - Behavioral Health Services			**1.00**	**0.00**	**9.35**	**0.00**
ADMINISTRATIVE SUPPORT							
	ADMINISTRATION						
		Executive Staff				4.11	
		Admin. Support Staff				2.00	
		Clinical Director				1.00	
		Subtotal:		**0**	**0**	**7.11**	**0**
	FINANCIAL MANAGEMENT						
		Finance Staff				0.00	
		Subtotal:		**0**	**0**	**0.00**	**0**
	OFFICE SERVICES						
		Office Staff				7.05	
		Subtotal:		**0**	**0**	**7.05**	**0**
	CONTRACT HEALTH SERVICES						
		CHS Staff				2.00	
		CHS Manager				1.00	
		Utilization Review				0.40	
		Subtotal:		**0**	**0**	**3.40**	**0**
	BUSINESS OFFICE **						
		Business Manager				1.00	
		Patient Registration Tech.				3.50	
		Benefit Coordinator				2.75	
		Billing Clerk				4.54	
		Subtotal:		**0**	**0**	**11.79**	**0**
	SITE MANAGEMENT/RPMS/MIS						
		Computer Programmer/Analyst				3.67	
		Subtotal:		**0**	**0**	**3.67**	**0**
	QUALITY MANAGEMENT:						
		Performance Improvement Staff				2.44	
		Clerical Support				0.65	
		Subtotal:		**0**	**0**	**3.09**	**0**
	CENTRAL SUPPLY						
		Central Supply Staff				4.69	
		Medical Technician				0.00	
		Subtotal:		**0**	**0**	**4.69**	**0**
	INTERPRETERS						
		Interpreter				0.00	
		Subtotal:		**0**	**0**	**0.00**	**0**
	DRIVERS						
		Driver				2.50	
		Subtotal:		**0**	**0**	**2.50**	**0**
	RRM DEVIATIONS - ADMINISTRATION						
	**	Bus Office Secretary				0.00	
		Bus Office Switchboard				0.00	
		ADM_DEV3				0.00	
		ADM_DEV4				0.00	
		Subtotal:		**0**	**0**	**0.00**	**0**
	SUBTOTAL - Administration		**0.00**	**0.00**	**0.00**	**43.30**	**0.00**

	2004 Staffing	Needed for Curre Use *	Unfilled Positio Vacanci	2015 Need Fro RRM	2015 Need Base on Use Proje
FACILITY SUPPORT					
HOUSEKEEPING					
Janitor/Housekeeper				15.54	
Subtotal:		**0**	**0**	**15.54**	**0**
FACILITY MAINTENANCE					
Maintenance Staff				12.58	
Subtotal:		**0**	**0**	**12.58**	**0**
CLINICAL ENGINEERING					
Clinical Engineering Staff				2.46	
Subtotal:		**0**	**0**	**2.46**	**0**
LAUNDRY					
Laundry Staff				1.32	
Subtotal:		**0**	**0**	**1.32**	**0**
FOOD SERVICES					
Food Services Staff				6.05	
Subtotal:		**0**	**0**	**6.05**	**0**
MATERIALS MANAGEMENT					
Warehouseman				3.70	
Subtotal:		**0**	**0**	**3.70**	**0**
STAFF HEALTH					
Registered Nurse				0.92	
Clerical Support				0.69	
Subtotal:		**0**	**0**	**1.61**	**0**
CLERICAL POOL					
Facility Support				1.25	
Subtotal:		**0**	**0**	**1.25**	**0**
SECURITY					
Security Personnel (housekeeping staff)				5.47	
Subtotal:		**0**	**0**	**5.47**	**0**
SUBTOTAL - Facility Support	**0.00**	**0.00**	**0.00**	**49.98**	**0.00**
EMERGENCY MEDICAL SERVICES					
EMS					
EMT-B				0.00	
EMT-I/P				0.00	
Clerks				0.00	
Supervisor				0.00	
SUBTOTAL - Emergency Medical Services	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
GRAND TOTAL	**0.00**	**0.00**	**0.00**	**269.18**	**0.00**

Appendix L: Provider Workload and Facility Need Projected to 2015

Appendix M: ZRSU Clinic Migration Data

Appendix M includes the following tables:

1. List of Communities Within Service Unit
2. Detailed chart of 2004 Patient Visits which shows the migratory pattern of how members of other tribes and Urban Indians use this Service Unit facilitiies and services. This data indicates the number of patient visits per tribe within each community receiving care at the Service Unit facilitieis.
3. Patient Visits by Albuquerque Area Tribe in FY 2004

COMMUNITIES WITHIN ZRSU
BLACK ROCK
MOUNTAIN VIEW
PINEHILL
RAMAH RESERV
TEKAPO
ZUNI PUEBLO

ZRSU-Zuni

FY 2004 Patient Visits

Community	Tribe	# of Patien Visits
ACOMA	ZUNI TRIBE, NM	2
ACOMA Total		2
ALAMO	NAVAJO TRIBE, AZ NM AND UT	3
ALAMO Total		3
ALAMOGORDO	NAVAJO TRIBE, AZ NM AND UT	1
ALAMOGORDO Total		1
ALBUQUERQUE	NAVAJO TRIBE, AZ NM AND UT	28
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	20
	ZUNI TRIBE, NM	351
ALBUQUERQUE Total		399
ALGODONES	PUEBLO OF SAN FELIPE, NM	1
ALGODONES Total		1
ANTELOPE WELL	NAVAJO TRIBE, AZ NM AND UT	67
ANTELOPE WELL Total		67
ARIZONA UNK	NAVAJO TRIBE, AZ NM AND UT	1
ARIZONA UNK Total		1
BACA	NAVAJO TRIBE, AZ NM AND UT	1
BACA Total		1
BARTH LAKE	NAVAJO TRIBE, AZ NM AND UT	60
BARTH LAKE Total		60
BELEN	NAVAJO TRIBE, AZ NM AND UT	2
	PUEBLO OF SANTO DOMINGO, NM	1
BELEN Total		3
BLACK ROCK	BLACKFEET TRIBE, MT	2
	CHOCTAW NATION, OK	2
	DELAWARE TRIBE, WESTERN OK	46
	DUCKWATER SHOSHONE TRIBE, NV	21
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	3
	HOPI TRIBE, AZ	128
	HUALAPAI TRIBE, AZ	1
	JICARILLA APACHE TRIBE, NM	22
	MINNESOTA CHIPPEWA, LEECH LAKE BAND, MN	4
	MISSISSIPPI BAND CHOCTAW INDIANS, MS	3
	NAVAJO TRIBE, AZ NM AND UT	488
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	488
	PONCA TRIBE, OK	14
	PUEBLO OF ACOMA, NM	129
	PUEBLO OF COCHITI, NM	5
	PUEBLO OF JEMEZ, NM	20
	PUEBLO OF LAGUNA, NM	96
	PUEBLO OF SAN FELIPE, NM	25
	PUEBLO OF SANTO DOMINGO, NM	27
	PUEBLO OF TAOS, NM	2
	QUAPAW TRIBE, OK	8
	RED LAKE BAND OF CHIPPEWA, MN	1
	SHOSHONE TRIBE WIND RIVER RES, WY	13
	WHITE MOUNTAIN APACHE TRB, AZ	11
	ZUNI TRIBE, NM	20266
	All Other (tribes with <50 visits at any facility in 2004)	35
BLACK ROCK Total		21860
BLOOMFIELD	ZUNI TRIBE, NM	2
BLOOMFIELD Total		2
BLUEWATER	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	5
BLUEWATER Total		5
BREAD SPRGS	NAVAJO TRIBE, AZ NM AND UT	1061
	ZUNI TRIBE, NM	42
BREAD SPRGS Total		1103
CALIFORNIA UNK	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	ZUNI TRIBE, NM	3
CALIFORNIA UNK Total		4
CANONCITO	NAVAJO TRIBE, AZ NM AND UT	5
CANONCITO Total		5
CARRIZOZO	NAVAJO TRIBE, AZ NM AND UT	1
CARRIZOZO Total		1
CHAMBERS RU	NAVAJO TRIBE, AZ NM AND UT	61
CHAMBERS RU Total		61
CHICHILTAH	NAVAJO TRIBE, AZ NM AND UT	171
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
CHICHILTAH Total		173
CHINLE	NAVAJO TRIBE, AZ NM AND UT	5
CHINLE Total		5
CHURCHROCK	NAVAJO TRIBE, AZ NM AND UT	86
	ZUNI TRIBE, NM	3

ZRSU-Zuni

Community	Tribe	# of Patien Visits
CHURCHROCK Total		**89**
COLORADO UNK	ZUNI TRIBE, NM	**1**
COLORADO UNK Total		**1**
COUSINS	NAVAJO TRIBE, AZ NM AND UT	**1788**
	ZUNI TRIBE, NM	**1**
COUSINS Total		**1789**
CROWNPOINT	NAVAJO TRIBE, AZ NM AND UT	**15**
CROWNPOINT Total		**15**
CUBA	NAVAJO TRIBE, AZ NM AND UT	**9**
CUBA Total		**9**
DULCE	JICARILLA APACHE TRIBE, NM	**1**
DULCE Total		**1**
DURANGO	ZUNI TRIBE, NM	**2**
DURANGO Total		**2**
EAST MILL	NAVAJO TRIBE, AZ NM AND UT	**321**
EAST MILL Total		**321**
FARMINGTON	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	**2**
	NAVAJO TRIBE, AZ NM AND UT	**3**
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	**1**
	ZUNI TRIBE, NM	**5**
FARMINGTON Total		**11**
FORT WINGATE	NAVAJO TRIBE, AZ NM AND UT	**42**
FORT WINGATE Total		**42**
FRUITLAND	NAVAJO TRIBE, AZ NM AND UT	**1**
FRUITLAND Total		**1**
FT.DEFIANCE	NAVAJO TRIBE, AZ NM AND UT	**4**
FT.DEFIANCE Total		**4**
GALLUP	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	**3**
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	**1**
	NAVAJO TRIBE, AZ NM AND UT	**543**
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	**99**
	OSAGE TRIBE, OK	**26**
	PAWNEE INDIAN TRIBE, OK	**1**
	PUEBLO OF LAGUNA, NM	**1**
	PUEBLO OF SAN JUAN, NM	**11**
	ZUNI TRIBE, NM	**335**
GALLUP Total		**1020**
GAMERCO	CHEROKEE NATION, OK	**5**
	NAVAJO TRIBE, AZ NM AND UT	**20**
	PUEBLO OF LAGUNA, NM	**6**
	ZUNI TRIBE, NM	**51**
GAMERCO Total		**82**
GANADO	NAVAJO TRIBE, AZ NM AND UT	**5**
GANADO Total		**5**
GRANTS	MESCALERO APACHE TRIBE, NM	**3**
	NAVAJO TRIBE, AZ NM AND UT	**19**
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	**3**
	ZUNI TRIBE, NM	**28**
GRANTS Total		**53**
HARD SCRABBLE	NAVAJO TRIBE, AZ NM AND UT	**137**
HARD SCRABBLE Total		**137**
HAYSTACK	NAVAJO TRIBE, AZ NM AND UT	**1**
HAYSTACK Total		**1**
ISLETA PUEBL	ZUNI TRIBE, NM	**3**
ISLETA PUEBL Total		**3**
JEMEZ PUEBLO	ZUNI TRIBE, NM	**10**
JEMEZ PUEBLO Total		**10**

ZRSU-Zuni

Community	Tribe	# of Patien Visits
JONES RANCH	MESCALERO APACHE TRIBE, NM	9
	NAVAJO TRIBE, AZ NM AND UT	958
	WHITE MOUNTAIN APACHE TRB, AZ	5
	ZUNI TRIBE, NM	5
JONES RANCH Total		977
KIRTLAND	ZUNI TRIBE, NM	1
KIRTLAND Total		1
LAGUNA-NEW	NORTHERN CHEYENNE TRIBE, MT	1
	PUEBLO OF LAGUNA, NM	5
LAGUNA-NEW Total		6
LAS CRUCES	NAVAJO TRIBE, AZ NM AND UT	4
	SAN CARLOS APACHE TRIBE, AZ	4
	ZUNI TRIBE, NM	13
LAS CRUCES Total		21
LAS VEGAS	NAVAJO TRIBE, AZ NM AND UT	3
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	ZUNI TRIBE, NM	16
LAS VEGAS Total		21
MENTMORE	NAVAJO TRIBE, AZ NM AND UT	137
	ZUNI TRIBE, NM	5
MENTMORE Total		142
MESCALERO OS	NAVAJO TRIBE, AZ NM AND UT	3
MESCALERO OS Total		3
MESCALRO RES	NAVAJO TRIBE, AZ NM AND UT	3
MESCALRO RES Total		3
MESITA	PUEBLO OF ACOMA, NM	3
	PUEBLO OF LAGUNA, NM	1
MESITA Total		4
MOUNTAIN VIEW	NAVAJO TRIBE, AZ NM AND UT	295
	ZUNI TRIBE, NM	10
MOUNTAIN VIEW Total		305
NEW MEXICO UNK	NAVAJO TRIBE, AZ NM AND UT	95
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	30
	PUEBLO OF JEMEZ, NM	1
NEW MEXICO UNK Total		126
PARAJE	PUEBLO OF LAGUNA, NM	1
PARAJE Total		1
PINE HAVEN	NAVAJO TRIBE, AZ NM AND UT	98
PINE HAVEN Total		98
PINEDALE	NAVAJO TRIBE, AZ NM AND UT	47
PINEDALE Total		47
PINEHILL	CHEROKEE NATION, OK	10
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	28
	HOPI TRIBE, AZ	2
	JICARILLA APACHE TRIBE, NM	4
	NAVAJO TRIBE, AZ NM AND UT	1944
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	51
	NORTHERN CHEYENNE TRIBE, MT	4
	OGLALA SIOUX TRIBE, SD	4
	PUEBLO OF ACOMA, NM	5
	PUEBLO OF LAGUNA, NM	5
	WHITE MOUNTAIN APACHE TRB, AZ	2
	ZUNI TRIBE, NM	3
PINEHILL Total		2062
POJOAQUE	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	ZUNI TRIBE, NM	6
POJOAQUE Total		7
QUEMADO	NAVAJO TRIBE, AZ NM AND UT	25
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	6
QUEMADO Total		31

ZRSU-Zuni

Community	Tribe	# of Patien Visits
RAMAH RESERV	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	**14**
	BLACKFEET TRIBE, MT	**1**
	CHEROKEE NATION, OK	**19**
	CHEYENNE RIVER SIOUX TRIBE, SD	**2**
	CHOCTAW NATION, OK	**10**
	CITIZEN BAND POTAWATOMI, OK	**2**
	COMANCHE INDIAN TRIBE, OK	**77**
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	**2**
	HOPI TRIBE, AZ	**2**
	MESCALERO APACHE TRIBE, NM	**1**
	NAVAJO TRIBE, AZ NM AND UT	**2768**
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	**385**
	NORTHERN CHEYENNE TRIBE, MT	**2**
	PUEBLO OF LAGUNA, NM	**7**
	PUEBLO OF TESUQUE, NM	**1**
	QUECHAN TRIBE, CA	**1**
	SALT RIVER PIMA-MARICOPA IND COMM, AZ	**2**
	WHITE MOUNTAIN APACHE TRB, AZ	**3**
	ZUNI TRIBE, NM	**55**
RAMAH RESERV Total		**3354**
RED ROCK	NAVAJO TRIBE, AZ NM AND UT	**237**
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	**1**
RED ROCK Total		**238**
REHOBOTH	NAVAJO TRIBE, AZ NM AND UT	**29**
REHOBOTH Total		**29**
RIO RANCHO	ZUNI TRIBE, NM	**1**
RIO RANCHO Total		**1**
SAN FELIPE	ZUNI TRIBE, NM	**1**
SAN FELIPE Total		**1**
SAN JUAN	PUEBLO OF SAN JUAN, NM	**1**
SAN JUAN Total		**1**
SANDERS	NAVAJO TRIBE, AZ NM AND UT	**267**
SANDERS Total		**267**
SANTA FE	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	**1**
	ZUNI TRIBE, NM	**4**
SANTA FE Total		**5**
SEAMA	PUEBLO OF LAGUNA, NM	**1**
SEAMA Total		**1**
SHIPROCK	NAVAJO TRIBE, AZ NM AND UT	**4**
SHIPROCK Total		**4**
ST. JOHNS	NAVAJO TRIBE, AZ NM AND UT	**322**
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	**3**
	SEMINOLE NATION, OK	**5**
	WHITE MOUNTAIN APACHE TRB, AZ	**22**
	All Other (tribes with <50 visits at any facility in 2004)	**1**
ST. JOHNS Total		**353**
SUNSET	NAVAJO TRIBE, AZ NM AND UT	**48**
SUNSET Total		**48**
T. NOS POS-A	NAVAJO TRIBE, AZ NM AND UT	**6**
T. NOS POS-A Total		**6**
TEKAPO	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	**4**
	CREEK NATION, OK	**7**
	DUCKWATER SHOSHONE TRIBE, NV	**29**
	HOPI TRIBE, AZ	**1**
	NAVAJO TRIBE, AZ NM AND UT	**406**
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	**40**
	PUEBLO OF ISLETA, NM	**1**
	PUEBLO OF JEMEZ, NM	**1**
	PUEBLO OF LAGUNA, NM	**53**
	PUEBLO OF SAN FELIPE, NM	**10**
	PUEBLO OF SANTO DOMINGO, NM	**11**
	PUEBLO OF TESUQUE, NM	**7**
	QUECHAN TRIBE, CA	**7**
	SANTEE SIOUX NATION, NE	**14**
	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	**5**
	WHITE MOUNTAIN APACHE TRB, AZ	**44**
	YANKTON SIOUX TRIBE, SD	**6**
	ZUNI TRIBE, NM	**15474**
	All Other (tribes with <50 visits at any facility in 2004)	**13**
TEKAPO Total		**16133**

ZRSU-Zuni

Community	Tribe	# of Patien Visits
TEXAS UNK	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	5
	ZUNI TRIBE, NM	5
TEXAS UNK Total		10
THOREAU	NAVAJO TRIBE, AZ NM AND UT	1
THOREAU Total		1
TIJERAS	ZUNI TRIBE, NM	1
TIJERAS Total		1
VANDERWAGEN	CROW TRIBE, MT	4
	NAVAJO TRIBE, AZ NM AND UT	2784
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	59
	ZUNI TRIBE, NM	41
VANDERWAGEN Total		2888
WINDOW ROCK	NAVAJO TRIBE, AZ NM AND UT	4
	ZUNI TRIBE, NM	27
WINDOW ROCK Total		31
YA TA HEY	NAVAJO TRIBE, AZ NM AND UT	20
	ZUNI TRIBE, NM	2
YA TA HEY Total		22
ZUNI PUEBLO	ARAPAHO TRIBE,WIND RIVER RES, WY	7
	CADDO TRIBE INDIAN, OK	2
	CHEROKEE NATION, OK	93
	CHOCTAW NATION, OK	11
	COMANCHE INDIAN TRIBE, OK	2
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	5
	CONFEDERATED TRIBES,WARM SPRINGS RES, OR	39
	CROW CREEK SIOUX TRIBE, SD	1
	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	1
	HOPI TRIBE, AZ	148
	HUALAPAI TRIBE, AZ	32
	JICARILLA APACHE TRIBE, NM	13
	KIOWA INDIAN TRIBE,OK	2
	MESCALERO APACHE TRIBE, NM	27
	NAVAJO TRIBE, AZ NM AND UT	636
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	327
	NORTHERN CHEYENNE TRIBE, MT	1
	PONCA TRIBE, OK	3
	PUEBLO OF ACOMA, NM	137
	PUEBLO OF COCHITI, NM	8
	PUEBLO OF ISLETA, NM	16
	PUEBLO OF LAGUNA, NM	197
	PUEBLO OF SAN FELIPE, NM	47
	PUEBLO OF SANTO DOMINGO, NM	10
	PUEBLO OF TAOS, NM	55
	ROSEBUD SIOUX TRIBE, SD	9
	SAN CARLOS APACHE TRIBE, AZ	2
	ST. REGIS BAND, MOHAWK INDIANS, NY	4
	UTE MOUNTAIN TRB, CO NM AND UT	4
	WHITE MOUNTAIN APACHE TRB, AZ	6
	ZUNI TRIBE, NM	28554
ZUNI PUEBLO Total		30399
All Other (communities with <50 visits at any facility in 2004)		674
Total		85675

ZRSU-Pine Hill

FY 2004 Patient Visits

Community	Tribe	# of Patien Visits
ACOMA	NAVAJO TRIBE, AZ NM AND UT	1
ACOMA Total		1
ALAMO	NAVAJO TRIBE, AZ NM AND UT	2
ALAMO Total		2
ALBUQUERQUE	NAVAJO TRIBE, AZ NM AND UT	50
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	OGLALA SIOUX TRIBE, SD	5
ALBUQUERQUE Total		57
BLUEWATER	NAVAJO TRIBE, AZ NM AND UT	14
BLUEWATER Total		14
BREAD SPRGS	NAVAJO TRIBE, AZ NM AND UT	27
BREAD SPRGS Total		27
CANONCITO	NAVAJO TRIBE, AZ NM AND UT	4
CANONCITO Total		4
CARRIZOZO	NAVAJO TRIBE, AZ NM AND UT	116
CARRIZOZO Total		116
CHICHILTAH	NAVAJO TRIBE, AZ NM AND UT	32
CHICHILTAH Total		32
CHINLE	NAVAJO TRIBE, AZ NM AND UT	13
CHINLE Total		13
CHURCHROCK	NAVAJO TRIBE, AZ NM AND UT	5
CHURCHROCK Total		5
COUSINS	KICKAPOO TRIBE, KS	5
	NAVAJO TRIBE, AZ NM AND UT	20
COUSINS Total		25
CROWNPOINT	NAVAJO TRIBE, AZ NM AND UT	40
CROWNPOINT Total		40
FT.DEFIANCE	NAVAJO TRIBE, AZ NM AND UT	9
FT.DEFIANCE Total		9
GALLUP	HOPI TRIBE, AZ	4
	NAVAJO TRIBE, AZ NM AND UT	103
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	6
GALLUP Total		113
GAMERCO	NAVAJO TRIBE, AZ NM AND UT	10
GAMERCO Total		10
GANADO	NAVAJO TRIBE, AZ NM AND UT	3
GANADO Total		3
GRANTS	NAVAJO TRIBE, AZ NM AND UT	85
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	8
GRANTS Total		93
HAYSTACK	NAVAJO TRIBE, AZ NM AND UT	2
HAYSTACK Total		2
JONES RANCH	NAVAJO TRIBE, AZ NM AND UT	44
JONES RANCH Total		44
KIRTLAND	NAVAJO TRIBE, AZ NM AND UT	1
KIRTLAND Total		1
MAGDALENA	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
MAGDALENA Total		1
MENTMORE	NAVAJO TRIBE, AZ NM AND UT	1
MENTMORE Total		1
MESCALERO OS	MESCALERO APACHE TRIBE, NM	1
MESCALERO OS Total		1
MILAN	NAVAJO TRIBE, AZ NM AND UT	3
MILAN Total		3
MOUNTAIN VIEW	NAVAJO TRIBE, AZ NM AND UT	855
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	12
MOUNTAIN VIEW Total		867
MT VIEW	NAVAJO TRIBE, AZ NM AND UT	170
MT VIEW Total		170
NEW MEXICO UNK	NAVAJO TRIBE, AZ NM AND UT	20
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	26
NEW MEXICO UNK Total		46
PECOS	NAVAJO TRIBE, AZ NM AND UT	1
PECOS Total		1
PINE HAVEN	NAVAJO TRIBE, AZ NM AND UT	3
PINE HAVEN Total		3
PINEDALE	NAVAJO TRIBE, AZ NM AND UT	7
PINEDALE Total		7
PINEHILL	CROW TRIBE, MT	6
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	96
	HOPI TRIBE, AZ	32
	INDIAN - NON-TRIBAL MEMBER	17
	JICARILLA APACHE TRIBE, NM	21

ZRSU-Pine Hill

Community	Tribe	# of Patien Visits
	MESCALERO APACHE TRIBE, NM	10
	NAVAJO TRIBE, AZ NM AND UT	12646
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	724
	NORTHERN CHEYENNE TRIBE, MT	17
	OGLALA SIOUX TRIBE, SD	53
	OSAGE TRIBE, OK	2
	PUEBLO OF ACOMA, NM	15
	PUEBLO OF COCHITI, NM	5
	PUEBLO OF LAGUNA, NM	26
	ROSEBUD SIOUX TRIBE, SD	4
	WHITE MOUNTAIN APACHE TRB, AZ	3
	ZUNI TRIBE, NM	17
	All Other (tribes with <50 visits at any facility in 2004)	7
PINEHILL Total		**13701**
PREWITT	NAVAJO TRIBE, AZ NM AND UT	12
PREWITT Total		**12**
QUEMADO	NAVAJO TRIBE, AZ NM AND UT	42
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	All Other (tribes with <50 visits at any facility in 2004)	9
QUEMADO Total		**52**
RAMAH RESERV	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	5
	CHEROKEE NATION, OK	1
	COMANCHE INDIAN TRIBE, OK	16
	INDIAN - NON-TRIBAL MEMBER	2
	INUPIAT COMMUNITY OF THE ARTIC SLOPE	4
	NAVAJO TRIBE, AZ NM AND UT	9522
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	405
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	4
	OGLALA SIOUX TRIBE, SD	21
	PUEBLO OF ISLETA, NM	3
	PUEBLO OF TESUQUE, NM	2
	PUEBLO OF ZIA, NM	1
	QUECHAN TRIBE, CA	11
	ROSEBUD SIOUX TRIBE, SD	5
	SALT RIVER PIMA-MARICOPA IND COMM, AZ	6
	WASHOE TRIBE OF NV, CA	1
	WHITE MOUNTAIN APACHE TRB, AZ	6
	ZUNI TRIBE, NM	29
	All Other (tribes with <50 visits at any facility in 2004)	1
RAMAH RESERV Total		**10045**
RED ROCK	NAVAJO TRIBE, AZ NM AND UT	35
RED ROCK Total		**35**
REHOBOTH	NAVAJO TRIBE, AZ NM AND UT	21
REHOBOTH Total		**21**
SAN RAFAEL	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
SAN RAFAEL Total		**2**
SANDERS	NAVAJO TRIBE, AZ NM AND UT	3
SANDERS Total		**3**
SANTA FE	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	8
SANTA FE Total		**8**
SUNSET	NAVAJO TRIBE, AZ NM AND UT	556
	WHITE MOUNTAIN APACHE TRB, AZ	6
SUNSET Total		**562**
THOREAU	NAVAJO TRIBE, AZ NM AND UT	6
THOREAU Total		**6**
UNKNOWN	CITIZEN BAND POTAWATOMI, OK	13
	MOORETOWN RANCHERIA MAIDU IND, CA	14
	NAVAJO TRIBE, AZ NM AND UT	17
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	49
UNKNOWN Total		**93**
VANDERWAGEN	NAVAJO TRIBE, AZ NM AND UT	88
VANDERWAGEN Total		**88**
WINDOW ROCK	NAVAJO TRIBE, AZ NM AND UT	27
WINDOW ROCK Total		**27**
ZUNI PUEBLO	NAVAJO TRIBE, AZ NM AND UT	14
	PUEBLO OF ACOMA, NM	4
	PUEBLO OF JEMEZ, NM	1
	PUEBLO OF ZIA, NM	2
	ZUNI TRIBE, NM	54
ZUNI PUEBLO Total		**75**
All Other (communities with <50 visits at any facility in 2004) Total		**173**
Total		**26614**

ZRSU
2004 Patient Visits by Albuquerque Area Tribe

The following chart indicates the facilities where tribal members of this Service Unit have counted as Active Users in the past three years.

FISCAL YEAR 2004

TRIBE	FACILITY NAME	Total
ZUNI TRIBE, NM	ZUNI HO	65,451
	ALBUQUERQUE HOSPITAL	2,370
	SANTA FE HOSPITAL	503
	ALBUQUERQUE INDIAN DENTAL CLINIC	436
	ACL HOSPITAL	201
	SOUTHERN UTE HEALTH CENTER	131
	PINE HILL HC	111
	ISLETA HEALTH CENTER	76
	SANDIA H.STA	69
	MESCALERO HO	51
	SANTA ANA HS	43
	SAN FELIPE HS	37
	SANTA CLARA HC	34
	DULCE HEALTH CENTER	15
	COCHITI H.ST	14
	TAOS-PICURIS HEALTH CENTER	12
	ALAMO HL CENTER	10
	JEMEZ HEALTH CENTER	7
	SANTO DOMINGO HST	7
	ZIA HLT.STA	4
	UTE MOUNTAIN UTE HEALTH CENTER	1
	WHITE MESA HS	1
ZUNI TRIBE, NM Total		69,584

Appendix N: Contract Health Services

At time of printing, there was insufficient data or data was inaccessible to CL Associates for this Appendix.

Appendix O: Top 10 CHS In-Patient Diagnoses FY 2000-2003

The following charts list the diagnoses, the number of cases, and the amounts billed / received for cases utilizing CHS funds within the Service Unit tribes.

FISCAL YEAR 2000 **ZUNI PUEBLO**

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of Claims
Chronic Renal Failure	$ 517,150.36	$ 469,678.99	$ 275,640.91	$ 194,038.08	261
Syst Lupus Erythematosus	41,942.18	48,230.00	-	48,230.00	1
Muscle/Ligament Dis Nec	25,735.00	33,390.00	-	33,390.00	1
Intracerebral Hemorrhage	63,437.21	35,318.65	4,234.84	31,083.81	3
Heart Chamber Lacer-Opn	41,212.81	22,969.22	-	22,969.22	1
Acute Pancreatitis	41,823.03	22,800.73	-	22,800.73	7
Cl Base Fx C Lac - Nec	28,660.50	20,969.76	-	20,969.76	2
Other Postop Infection	20,260.18	20,559.18	-	20,559.18	2
Lymphoma Nec-Extrnod/Nos	42,648.00	25,588.34	6,384.34	19,204.00	7
Pneumonia, Organism Nos	17,661.11	27,202.68	10,842.88	16,359.80	3
	$ 840,530.38	**$ 726,707.55**	**$ 297,102.97**	**$ 429,604.58**	**288**

FISCAL YEAR 2001 **ZUNI PUEBLO**

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of Claims
Chronic Renal Failure	$ 627,296.39	$ 583,462.15	$ 346,220.07	$ 237,242.08	294
Suppurat Peritonitis Nec	166,224.72	66,439.50	-	66,439.50	1
Malignant Neopl Rectum	41,694.00	34,134.93	-	34,134.93	8
Alcohol Cirrhosis Liver	60,210.22	32,823.95	-	32,823.95	6
Cholelith / Ac Cholecyst	41,172.25	29,297.23	-	29,297.23	2
Aortic Valve Disorder	86,952.97	23,656.54	-	23,656.54	1
Comp D/T Renal Dialy Dev	91,427.75	36,523.81	14,304.67	22,219.14	13
Cva	39,860.54	21,552.71	-	21,552.71	2
Lymphoma Nec-Extrnod/Nos	35,489.46	19,351.22	-	19,351.22	8
Intestinal Obstruct Nos	15,078.00	18,550.00	-	18,550.00	1
	$ 1,205,406.30	**$ 865,792.04**	**$ 360,524.74**	**$ 505,267.30**	**336**

FISCAL YEAR 2002 **ZUNI PUEBLO**

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of Claims
Chronic Renal Failure	$ 903,402.76	$ 734,090.69	$ 412,558.44	$ 321,532.25	316
Intracerebral Hemorrhage	114,186.65	107,303.72	6,097.36	101,206.36	4
Rehabilitation Proc Nec	80,209.83	80,209.83	-	80,209.83	1
Anter Ami Nec-Init Episd	182,210.64	60,851.64	4,773.00	56,078.64	3
Acute Renal Failure Nos	132,997.33	50,840.39	-	50,840.39	1
Infect Due To Device Nec	38,920.79	48,936.00	-	48,936.00	2
Renal Hypert Nos&Failure	59,230.64	48,083.21	5,488.97	42,594.24	10
Brain Neoplasm Nos	44,544.97	38,741.00	-	38,741.00	1
Diverticulitis Of Colon	37,393.89	36,766.25	-	36,766.25	2
Bacterial Meningitis Nos	57,087.00	35,245.00	-	35,245.00	1
	$ 1,650,184.50	**$ 1,241,067.73**	**$ 428,917.77**	**$ 812,149.96**	**341**

FISCAL YEAR 2003 **ZUNI PUEBLO**

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of Claims
Chronic Renal Failure	$ 899,819.34	$ 629,795.23	$ 333,119.68	$ 296,675.55	243
Septicemia Nos	345,172.05	124,782.17	-	124,782.17	2
Rehabilitation Proc Nec	137,000.35	69,664.88	-	69,664.88	5
Acute Pancreatitis	81,216.27	68,229.19	-	68,229.19	4
Mitral Stenosis W Insuff	122,964.50	41,134.12	-	41,134.12	1
Burn Larynx/Trachea/Lung	55,222.28	28,546.00	-	28,546.00	1
Fx Femur Shaft-Closed	143,995.23	27,382.66	-	27,382.66	1
Fx Femur Shaft-Open	43,152.99	26,507.00	-	26,507.00	1
Fx C7 Vertebra-Closed	78,955.50	24,468.00	-	24,468.00	1
Sec Mal Neo Brain/Spine	37,678.70	22,429.00	-	22,429.00	1
	$ 1,945,177.21	**$ 1,062,938.25**	**$ 333,119.68**	**$ 729,818.57**	**260**

Appendix P: Essential Elements of RRM For ZUNI INDIAN HOSPITAL **** (Year 2015)

RRM2004_112142004 Last Update: 11/24/04
Today's Date: 11/10/05 10:10 AM

RRM FACILITY IDENTIFICATION INFORMATION

(USER INPUT ARE IN YELLOW CELLS, BLUE CELLS WILL OVERRIDE FORMULAS)

1.	HSP Project Name:				
2.	Facility Name:		ZUNI HOSPITAL(2015MP)		
3.	Contact:				
	Telephone No:				
4.	Area - Name		ALBUQUERQU		
5.	Service Unit - Name		ZUNI		
	- Code				
6.	Facility - Code				
	Type of Facility		Hospital		TOTAL RRM STAFFING:
					301.00
FACILITY SPACE ESTIMATES			Metric (m^2):		
	Calculated Space Estimate:		9,741	m^2	
7.	In-Patient Treatment Space:		701	m^2	
8.	Ambulatory Treatment Space:		10,753	m^2	
9.	Other:			m^2	
10.	Other:		-	m^2	
11.	HSP Build Area less Amb and Inp			m^2	
	Space Total:		11,454	m^2	
12.	Number of Quarters:				
13.	Quarters Space:		-	m^2	
	TOTAL SQUARE METERS:		**11,454**	**m^2**	
14.	Parking Spaces		-	spaces	
GROUNDS ESTIMATES					
	Calculated Area:		7	ha	
15.	Area of Grounds (Override):			ha	
POPULATION					
16.	Inpatient		**11,926**		
17.	Ambulatory		**8,677**		
18.	Eye Care		**8,677**		
19.	Audiology		**8,677**		
20.	Dental		**8,677**		
21.	Social Services		**8,677**		
22.	Mental Health		**8,677**		
23.	Nutrition		**8,677**		
24.	Public Health Nursing	Census Here	8677	**8,677**	
25.	Emergency Medical Service		**8,677**		
26.	Health Education		**8,677**		
OTHER FACTORS					There are overrides in the EMS worksheet that can be used to overide the calculated workloads. There is also some additional cost information available in the EMS worksheet.
27.	EMS Program?		NO		
28.	% Total Runs Purchased				
29.	Sq. Kilometers Served				
30.	Driving time 100km or over 90 min to nearest ER?			Yes	
31.	Driving time 64km or over 60 min to nearest ER?			Yes	
32	Patron Rations?		YES		
33.	24-Hour Security?		YES		
			TOTAL RRM STAFFING:		301.00

	A	B	C	D	E	F	G	H	I
1			**RRM STAFFING NEEDS SUMMARY**						
2				Last Update:		11/24/04			
3		**Program:**		**ZUNI HOSPITAL(2015MP)**					
4				Today's Date:		11/10/05 10:10 AM			
6		**RRM Category**	**Staffing Category**			**FTEs**		Staff Rounded by Disciplin	
8		**INPATIENT CARE**						Discipline	Department
9			11.00	**Acute Care Nursing**					
10			**INPATIENT PHYSICIANS**						
11				Chief of Service		0.23			
12				GM Physician		1.64			
13				Peds. Physician		0.00			
14				OB/GYN Physician		0.00			
15				Clerical Support		0.41			
16			**SURGEONS**			**2.28**		2	
17				General Surgeon		0.00			
18				OB/GYN Surgeon		0.00			
19				Nurse/Midwife		0.00			
20				Anethesiologist		0.00			
21			**NURSING**			**0.00**		0.0	
22				Nursing Administration		12.00			
23				Admin. Clerical Support		1.00			
24				GM/SURG-Registered Nurse		11.19			
25				GM/SURG-LPN/Technician		3.55			
26				GM/SURG-Clerical Support		0.76			
27				PED-Registered Nurse		0.00			
28				PED-LPN/Technician		0.00			
29				PED-Clerical Support		0.00			
30				OB/L&D-Registered Nurse		0.00			
31				OB/L&D, LPN/Technician		0.00			
32				OB/L&D- Clerical Support		0.00			
33				Newborn-LPN/Technician		0.00			
34				Newborn-Clerical Support		0.00			
35				Nursery, RN, Fixed		0.00			
36				Nursery LPN/Technician		0.00			
37				Nursery, Clerical Support		0.00			
38				ICU, RN		0.00			
39				ICU, Clerical Support		0.00			
40				Step-Down Unit, RN,		0.00			
41				Step-Down Unit, LPN		0.00			
42				Step-Down Unit, Clerical Support		0.00			
43				OR RN		0.00			
44				OR, LPN/Technician		0.00			
45				Post Anesthesia Recovery, RN		0.00			
46				Ambulatory Surgery, RN		0.00			
47				Psych-RN, Fixed		0.00			
48				Psych, LPN Technican		0.00			
49				Psych, Clerical Support		0.00			
50				Quality Improvement Nurse		1.00			
51				Discharge Planning Nurse		1.00			
52				Observ. Bed-Registered Nurse		0.00			
53				Patient Escort, RN		0.00			
54				Nurse Educator		0.00			
55				SUBTOTAL:		**30.50**		31.0	

	A	B	C	D	E	F	G	H	I
1				**RRM STAFFING NEEDS SUMMARY**					
2				Last Update:		11/24/04			
3		Program:		ZUNI HOSPITAL(2015MP)					
4				Today's Date:		11/10/05 10:10 AM			
6		RRM Category	Staffing Category			FTEs		Staff Rounded by Disci	
56			INPATIENT DEVIATION(S)						
57				INP_DEV1		0.00			
58				INP_DEV2		0.00			
59				INP_DEV3		0.00			
60				INP_DEV4		0.00			
61				INP_DEV5		0.00			
62				INP_DEV6		0.00			
63				INP_DEV7		0.00			
64				INP_DEV8		0.00			
65				INP_DEV9		0.00			
66				SUBTOTAL:		**0.00**		0.0	
67			**Subtotal Inpatient Services**			**32.78**			**33.0**
68		AMBULATORY CARE							
69			EMERGENCY						
70				ER/After Hours Staff		3.22			
71				ER RN Supervisor		1.00			
72				ER Medical Clerks		1.50			
73				RNs, ER		3.55			
74				SUBTOTAL:		9.27		9.0	
75			AMBULATORY PHYSICIAN						
76				Primary Care Provider		10.91			
77				Specialty Care Provider		0.34			
78				Primary Care Provider (CHA/P)		0.00			
79				EMS Medical Director		0.00			
80				Clerical Support		2.45			
81				SUBTOTAL:		13.70		14.0	
82			AMBULATORY SURGERY						
83				General Surgeon		0.00			
84				SUBTOTAL:		0.00		0.0	
85			NURSING AMBULATORY						
86				Nurse Supervisor. (in Hosp. OPD)		1.00			
87				Medical Clerk, Exec. Support, Hosp C		1.00			
88				Nurse Manager		2.95			
89				Registered Nurse, Core Activities		13.07			
90				LPN		4.42			
91				Clerical Support		4.17			
92				RNs, Patient Escort		0.00			
93				RNs, Ambulatory Clinic Observation I		0.00			
94				SUBTOTAL:		26.62		27.0	
95			EYE CARE						
96				Optometrist		1.72			
97				Optometric Assistant		1.52			
98				Optometric Technician		1.52			
99				Ophthalmologist		0.00			
100				Ophthalmologist Assistant		0.00			
101				SUBTOTAL:		4.77		5.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:		ZUNI HOSPITAL(2015MP)					
4				Today's Date:		11/10/05 10:10 AM			
6		RRM Category	Staffing Category			FTEs		Staff Rounded by Disci	
102			AUDIOLOGY						
103				Audiologist		1.14			
104				Audiometric Technician		0.14			
105				SUBTOTAL:		1.28		1.0	
106			PHYSICAL THERAPY						
107				Physical Therapist		1.75			
108				SUBTOTAL:		1.75		2.0	
109			CLERICAL POOL						
110				PT, Audiology & Eye Care		1.25		1.0	
111			DENTAL						
112				Dentist		10.46			
113				Dental Assistant		20.91			
114				Dental Hygienist		2.61			
115				Clerical Support		3.14			
116				SUBTOTAL:		37.12		37.0	
117		AMBULATORY DEVIATIONS							
118				Ambulatory Deviation 1		0.00			
119				Ambulatory Deviation 2		0.00			
120				Ambulatory Deviation 3		0.00			
121				Ambulatory Deviation 4		0.00			
122				Ambulatory Deviation 5		0.00			
123				Ambulatory Deviation 6		0.00			
124				SUBTOTAL:		0.00		0.0	
125			**Subtotal Ambulatory Clinics**			**95.76**			**96.0**
126		CLINICAL SUPPORT (ANCILLARY SERVICES)							
127			LABORATORY						
128				Medical Technologist		3.64			
129				Medical Technician (CHA/P)		0.00			
130				Medical Technician		2.89			
131				SUBTOTAL:		6.54		7.0	
132			PHARMACY						
133				Pharmacist		9.45			
134				Pharmacist (CHA/P)		0.00			
135				Pharmacy Technician		3.67			
136				SUBTOTAL:		13.12		13.0	
137			DIAGNOSTIC IMAGING						
138				Imaging Technologist		3.21			
139				Imaging Technologist (CHA/P)		0.00			
140				SUBTOTAL:		3.21		3.0	

	A	B	C	D	E	F	G	H	I
1			**RRM STAFFING NEEDS SUMMARY**						
2				Last Update:		11/24/04			
3		**Program:**		**ZUNI HOSPITAL(2015MP)**					
4				Today's Date:		11/10/05 10:10 AM			
6		**RRM Category**	**Staffing Category**			**FTEs**		Staff Rounded by Disci	
141		ATTENT CARE	**MEDICAL RECORDS**						
142				Medical Records Administrator		1.00			
143				Medical Records Technician		10.69			
144				Medical Records Technician (CHA/P)		0.00			
145				PCC Supervisor		1.34			
146				PCC Data Entry Personnel		5.36			
147				PCC Data Entry Personnel (CHA/P)		0.00			
148				Coder		5.13			
149				Medical Runner		0.60			
150				SUBTOTAL:		**24.11**		24.0	
151			**RESPIRATORY THERAPY**						
152				Respiratory Staff		0.95			
153				SUBTOTAL:		**0.95**		1.0	
154			**CLERICAL POOL**						
155				Lab, Pharm, & Imaging		**1.25**		1.0	
156			**RRM DEVIATIONS - ANCILLARY**						
157				ANCIL_DEV1		0.00			
158				ANCIL_DEV2		0.00			
159				ANCIL_DEV3		0.00			
160				ANCIL_DEV4		0.00			
161				SUBTOTAL:		0.00		0.0	
162			**Subtotal Ancillary Services**			**49.17**			**49.0**
163		**COMMUNITY HEALTH**							
164			**PUBLIC HEALTH NUTRITION**						
165				Nutritionist		**2.90**		3.0	
166			**PUBLIC HEALTH NURSING**						
167				Public Health Nurse Manager		1.00			
168				Public Health Nurse		10.97			
169				Public Health Nurse - School		0.00			
170				Clerical Support		1.39			
171						**13.36**		13.0	
172			**HEALTH EDUCATION**						
173				Public Health Educator		**2.17**		2.0	
174			**OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING**						
175				OEHE RRM		**3.00**		3.0	
176		**BEHAVIORAL HEALTH SERVICES**							
177			**MENTAL HEALTH**						
178				Mental Health Staff		**4.74**		5.0	
179			**SOCIAL SERVICES**						
180				MSW Counselor Inpatient Only		0.25			
181				Social Service Staff		3.11			
182				SUBTOTAL:		**3.36**		3.0	
183			**CLERICAL POOL**						
184				Behavioral Health		**1.25**		1.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:		ZUNI HOSPITAL(2015MP)					
4				Today's Date:		11/10/05 10:10 AM			
6		RRM Category	Staffing Category			FTEs		Staff Rounded by Disci	
185		ATRIUM CORE	RRM DEVIATIONS - COMMUNITY HEALTH						
186				CM_DEV1		0.00			
187				CM_DEV2		0.00			
188				CM_DEV3		0.00			
189				CM_DEV4		0.00			
190				CM_DEV5		0.00			
191				CM_DEV6		0.00			
192				CM_DEV7		0.00			
193				CM_DEV8		0.00			
194				CM_DEV9		0.00			
195				CM_DEV10		0.00			
196				CM_DEV11		0.00			
197				CM_DEV12		0.00			
198				SUBTOTAL:		**0.00**		0.0	
199			**Subtotal Community Health Services**			**30.78**			**30.0**
200		ADMINISTRATIVE SUPPORT							
201			**ADMINISTRATION**						
202				Executive Staff		4.11			
203				Admin. Support Staff		2.00			
204				Clinical Director		1.00			
205				SUBTOTAL:		**7.11**		7.0	
206			**FINANCIAL MANAGEMENT**						
207				Finance Staff		0.00		0.0	
208			**OFFICE SERVICES**						
209				Office Staff		7.05		7.0	
210			**CONTRACT HEALTH SERVICES**						
211				CHS Staff		2.00			
212				CHS Manager		1.00			
213				Utilization Review		0.40			
214				SUBTOTAL:		**3.40**		3.0	
215			**BUSINESS OFFICE**						
216				Business Manager		1.00			
217				Patient Registration Tech.		3.50			
218				Benefit Coordinator		2.75			
219				Billing Clerk		4.54			
220				SUBTOTAL:		11.80		12.0	
221			**SITE MANAGEMENT/RPMS/MIS**						
222				Computer Programer/Analyst		3.67			
223									
224				SUBTOTAL:		3.67		4.0	
225			**QUALITY MANAGEMENT**						
226				Performance Improvement Staff		2.44			
227				Clerical Support		0.65			
228				SUBTOTAL:		3.10		3.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:		ZUNI HOSPITAL(2015MP)					
4				Today's Date:		11/10/05 10:10 AM			
6		RRM Category	Staffing Category			FTEs		Staff Rounded by Disci	
229		ATTENDANTS	CENTRAL SUPPLY						
230				Central Supply Staff		4.69			
231				Medical Technician		0.00			
232				SUBTOTAL:		4.69		5.0	
233			INTERPRETERS						
234				Interpreter		0.00		0.0	
235			DRIVERS						
236				Driver		2.50		2.0	
237			RRM DEVIATIONS - ADMINISTRATION						
238				ADM_DEV1		0.00			
239				ADM_DEV2		0.00			
240				ADM_DEV3		0.00			
241				ADM_DEV4		0.00			
242				SUBTOTAL:		0.00		0.0	
243			**Subtotal Administration**			**43.31**			**43.0**
244		FACILITY SUPPORT							
245			HOUSEKEEPING						
246				Janitor/Housekeeper		15.54		16.0	
247			FACILITY MAINTENANCE						
248				Maintenance Staff		12.58		13.0	
249			CLINICAL ENGINEERING						
250				Clinical Engineering Staff		2.46		2.0	
251			LAUNDRY						
252				Laundry staff		1.32		1.0	
253			FOOD SERVICES						
254				Food Services Staff		6.05		6.0	
255			MATERIALS MANAGEMENT						
256				Warehouseman		3.70		4.0	
257			STAFF HEALTH						
258				Registered Nurse		0.92			
259				Clerical Support		0.69			
260				SUBTOTAL:		1.61		2.0	
261			CLERICAL POOL						
262				Facility Support		1.25		1.0	
263			SECURITY						
264						5.47		5.0	
265			**Subtotal Facility Support**			**49.99**			**50.0**
266		Emergency Medical Services							
267			EMS						
268				EMT-B		**0.00**			
269				EMT-I/P		**0.00**			
270				Clerks		**0.00**			
271				Supervisor		**0.00**			
272						0.00		0.0	
273			**Subtotal Emergency Medical Services**			**0.00**			**0.0**
274			GRAND TOTAL			301.79			**301.0**

Appendix Q: Program Justification Documents (PJD) ZRSU

Current / Projected User Population... *outpatient - (PC)*

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

ZUNI-RAMAH - MOUNTAIN VIEW (CIBOLA) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	1	4	3	4	6	6	4	2	4	4	**39**
prj) 2015	1	1	5	3	5	7	7	5	2	5	5	**46**
Female												
cur) 2001	2	7	4	4	6	1	4	6	4	2	2	**42**
prj) 2015	2	8	5	5	7	1	5	7	5	2	2	**49**

ZUNI-RAMAH - PINEHILL (CIBOLA) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	12	71	85	92	66	36	51	61	34	18	25	**551**
prj) 2015	14	83	99	107	77	42	59	71	40	21	29	**642**
Female												
cur) 2001	10	84	95	78	65	33	73	84	51	26	38	**637**
prj) 2015	12	98	111	91	76	38	85	98	59	30	44	**742**

ZUNI-RAMAH - RAMAH RESERV (CIBOLA) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	30	59	90	89	48	113	119	70	42	50	**711**
prj) 2015	1	35	69	105	104	56	132	139	82	49	58	**830**
Female												
cur) 2001	11	35	56	93	57	71	131	101	78	64	75	**772**
prj) 2015	13	41	65	108	66	83	153	118	91	75	87	**900**

ZUNI-RAMAH - SUNSET (CIBOLA) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		3	1	2		3		4	2	2	1	**18**
prj) 2015		3	1	2		3		5	2	2	1	**19**
Female												
cur) 2001		1	3		3	1	2		7	2	1	**20**
prj) 2015		1	3		3	1	2		8	2	1	**21**

Current / Projected User Population... *inpatient - (AC)*

(Acute Care, Intensive Care, Labor & Delivery/Nursery, Psychiatric Nursing, Sub-Acute, Surgery)

ZUNI-RAMAH - BLACK ROCK (MCKINLEY) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	16	89	166	189	148	115	212	237	119	51	67	**1409**
prj) 2015	17	97	180	206	161	125	231	258	129	55	73	**1532**
Female												
cur) 2001	11	80	171	169	163	116	208	244	181	69	82	**1494**
prj) 2015	12	87	186	184	177	126	226	265	197	75	89	**1624**

ZUNI-RAMAH - MCKNLY CO CT (MCKINLEY) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001					2					1		**3**
prj) 2015					2					1		**3**
Female												
cur) 2001									1			**1**
prj) 2015									1			**1**

ZUNI-RAMAH - MOUNTAIN VIEW (CIBOLA) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	1	4	3	4	6	6	4	2	4	4	**39**
prj) 2015	1	1	5	3	5	7	7	5	2	5	5	**46**
Female												
cur) 2001	2	7	4	4	6	1	4	6	4	2	2	**42**
prj) 2015	2	8	5	5	7	1	5	7	5	2	2	**49**

ZUNI-RAMAH - PINEHILL (CIBOLA) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	12	71	83	92	66	36	51	61	34	16	25	**551**
prj) 2015	14	83	99	107	77	42	59	71	40	21	29	**642**
Female												
cur) 2001	10	84	93	78	65	33	73	84	51	26	38	**637**
prj) 2015	12	98	111	91	76	38	85	98	59	30	44	**742**

ZUNI-RAMAH - RAMAH RESERV (CIBOLA) *M/S: cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	30	59	90	89	48	113	119	70	42	50	**711**
prj) 2015	1	35	69	105	104	56	132	139	82	49	58	**830**
Female												
cur) 2001	11	35	56	93	57	71	131	101	78	64	75	**772**
prj) 2015	13	41	65	108	66	83	153	118	91	75	87	**900**

Current / Projected User Population... *inpatient - (AC)*

(Acute Care, Intensive Care, Labor & Delivery/Nursery, Psychiatric Nursing, Sub-Acute, Surgery)

ZUNI-RAMAH - SUNSET (CIBOLA) **M/S:** *cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		3	1	2		3		4	2	2	1	**18**
prj) 2015		3	1	2		3		5	2	2	1	**19**
Female												
cur) 2001		1	3		3	1	2		7	2	1	**20**
prj) 2015		1	3		3	1	2		8	2	1	**21**

ZUNI-RAMAH - TEKAPO (MCKINLEY) **M/S:** *cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-	Total
cur) 2001	10	45	79	110	80	74	125	172	85	51	73	**904**
prj) 2015	11	49	86	120	87	80	136	187	92	55	79	**982**
Female												
cur) 2001	3	52	110	103	84	69	149	171	110	80	105	**1036**
prj) 2015	3	57	120	112	91	75	162	186	120	87	114	**1127**

ZUNI-RAMAH - ZUNI OTHER S (MCKINLEY) **M/S:** *cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		2	1		1				1	1		**6**
prj) 2015		2	1		1				1	1		**6**
Female												
cur) 2001		1	1	2								**4**
prj) 2015		1	1	2								**4**

ZUNI-RAMAH - ZUNI PUEBLO (MCKINLEY) **M/S:** *cur) 100.0% prj) 100.0%*

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	42	119	148	173	150	109	252	256	137	72	84	**1544**
prj) 2015	46	129	161	188	163	119	274	281	149	78	91	**1679**
Female												
cur) 2001	23	118	151	154	145	99	247	217	207	110	109	**1580**
prj) 2015	25	128	164	167	158	108	269	236	225	120	119	**1719**

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	82	360	543	659	540	391	759	855	450	242	304	**5185**
prj) 2015	90	399	602	731	600	432	839	946	497	267	336	**5739**
Female												
cur) 2001	60	378	591	603	523	390	814	823	639	353	412	**5586**
prj) 2015	67	421	655	669	578	432	902	910	706	391	456	**6187**
Combined												
cur) 2001	**142**	**738**	**1134**	**1262**	**1063**	**781**	**1573**	**1678**	**1089**	**595**	**716**	**10771**
prj) 2015	**157**	**820**	**1257**	**1400**	**1178**	**864**	**1741**	**1856**	**1203**	**658**	**792**	**11926**

3634 5342

Average Age for the Service Unit: **29.5**

Workload Summary...

	Year	Total Workload	Contracted Due To Acuity	Contracted Due To Threshold	Unmet Need	Cross over	HSP Facility Workload	Projected Estimated Facility Workload
Acute Care								
Medical Bed days	***2001***	1016	305	711		2003 2868		
	2015	1122	337	785		2002 2739		**2787**
Pediatric Bed days	***2001***	519	73	446		2001 2754		
	2015	574	80	494		8361/3 =		
Surgical Bed days	***2001***	680	245	435				
	2015	757 / 2453	273	484				
Audiology								
Audiology Visits	***2001***	854			854		854	
	2015	930			930		930	
Clinical Engineering								
Clinical Engineering	***2001***	852			852		852	
	2015	1326			1326		1326	
Dental Care								
Dental Service Minutes	***2001***	758195			758195		758195	
	2015	824315			824315		824315	
Diagnostic Imaging								
CT/MRI Exams	***2001***	69	69					
	2015	129	129					
Fluoroscopy Exams	***2001***	198		198				
	2015	310		310				
General Radiography	***2001***	2877			2877		2877	
	2015	4231			4231		4231	
MAMMOGRAPHY	***2001***	1088		1088				
	2015	1184		1184				
Ultrasound Exams	***2001***	397		397				
	2015	637		637				
Education & Group Consultation								
# of staff	***2015***	249			249		249	
Emergency								
Emergency Room Visits	***2001***	3447			3447		3447	
	2015	3746			3746		3746	
Eye Care								
Optometrist Visits	***2001***	2547			2547		2547	
	2015	2765			2765		2765	
Facility Management								
Service index	***2001***	51			51		51	
	2015	74			74		74	
Housekeeping & Linen								

Workload Summary...

	Year	Total Workload	Contracted Due To Acuity	Contracted Due To Threshold	Unmet Need	Cross over	HSP Facility Workload	Projected Estimated Facility Workload
Lbs of Linen	**2001**	14299			14299		14299	
	2015	47486			47486		47486	
Intensive Care								
Intensive Care bed days	**2001**	195	90	105				
	2015	216	99	117				
Laboratory								
Chem/Hema/Immun/Urin	**2001**	24736	1484		23252		23252	
	2015	46699	2802		43897		43897	
Histo/Cytology billable	**2001**	158	158					
	2015	210	210					
Microbiology billable tests	**2001**	5875	2350		3525		3525	
	2015	9008	3603		5405		5405	
Transfusion/BB billable	**2001**	476	10		466		466	
	2015	1056	21		1035		1035	
Mental Health								
Mental Health Visits	**2001**	1416			1416		1416	
	2015	1541			1541		1541	
Pharmacy								
Inpatient Pharmacy	**2001**							
	2015	15136			15136		15136	
Outpatient Pharmacy	**2001**	381031			381031		381031	
	2015	556082			556082		556082	
Physical Therapy								
Inpatient Physical Therapy	**2001**							
	2015	334			334		334	
OUTPATIENT PHYSICAL	**2001**	3578			3578		3578	
	2015	3892			3892		3892	
Primary Care								
Primary Care Provider	**2001**	27357			27357		27357	
	2015	29744			29744		29744	**41650**
Property & Supply								
Storage Index	**2001**	6976			6976		6976	
	2015	11401			11401		11401	
Psychiatric Nursing								
Psych Bed days	**2001**	163	36	127				
	2015	179	39	140				
Public Health Nursing								
Public Health Nursing	**2001**	2309			2309		2309	
	2015	2514			2514		2514	

Workload Summary...

	Year	Total Workload	Contracted Due To Acuity	Contracted Due To Threshold	Unmet Need	Cross over	HSP Facility Workload	Projected Estimated Facility Workload
Respiratory Therapy								
Respiratory Therapy work	***2001***	32723		32723				
	2015	143737		143737				
Specialty Care								
Specialist Visits	***2001***	1380		1380				
	2015	1494		1494				
Sub-Acute								
SubAcute Bed days	***2001***	862		862				
	2015	953		953				
Surgery								
Inpatient Episodes	***2001***	279	78	201				
	2015	306	86	220				
Outpatient Episodes	***2001***	320	90	230				
	2015	354	99	255				

2003 AP Zuni only = 7591

2003 38067
2002 36885
2001 34200
109,152/3 = 36,354/7591 = 4.5

(Zuni only 2015 AP) 8677 x 4.5 = 41,650 proj 2015

Current / Projected User Population... *outpatient - (PC)*

(Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Mental Health, Physical Therapy, Primary Care, Public Health Nursing, Specialty Care)

ZUNI-RAMAH - BLACK ROCK (MCKINLEY) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	16	89	166	169	148	115	212	237	119	31	67	**1409**
prj) 2015	17	97	180	206	161	125	231	258	129	55	73	**1532**
Female												
cur) 2001	11	80	171	169	163	116	208	244	181	69	82	**1494**
prj) 2015	12	87	186	184	177	126	226	265	197	75	89	**1624**

ZUNI-RAMAH - MCKNLY CO CT (MCKINLEY) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001					2					1		**3**
prj) 2015					2					1		**3**
Female												
cur) 2001									1			**1**
prj) 2015									1			**1**

ZUNI-RAMAH - TEKAPO (MCKINLEY) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	10	45	79	110	80	74	125	172	85	51	73	**904**
prj) 2015	11	49	86	120	87	80	136	187	92	55	79	**982**
Female												
cur) 2001	3	52	110	103	84	69	149	171	110	80	105	**1036**
prj) 2015	3	57	120	112	91	75	162	186	120	87	114	**1127**

ZUNI-RAMAH - ZUNI OTHER S (MCKINLEY) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		2	1		1				1	1		**6**
prj) 2015		2	1		1				1	1		**6**
Female												
cur) 2001		1	1	2								**4**
prj) 2015		1	1	2								**4**

ZUNI-RAMAH - ZUNI PUEBLO (MCKINLEY) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	42	119	148	173	150	109	252	258	137	72	84	**1544**
prj) 2015	46	129	161	188	163	119	274	281	149	78	91	**1679**
Female												
cur) 2001	23	118	151	154	145	99	247	217	207	110	109	**1580**
prj) 2015	25	128	164	167	158	108	269	236	225	120	119	**1719**

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	68	255	394	472	381	298	589	667	342	176	224	**3866**
prj) 2015	74	277	428	514	414	324	641	726	371	190	243	**4202**
Female												
cur) 2001	37	251	433	428	392	284	604	632	499	259	296	**4115**
prj) 2015	40	273	471	465	426	309	657	687	543	282	322	**4475**
Combined												
cur) 2001	**105**	**506**	**827**	**900**	**773**	**582**	**1193**	**1299**	**841**	**435**	**520**	**7981**
prj) 2015	**114**	**550**	**899**	**979**	**840**	**633**	**1298**	**1413**	**914**	**472**	**565**	**8677**

Average Age for the Service Unit: **29.9**

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	14	105	149	187	159	93	170	188	108	66	80	**1319**
prj) 2015	16	122	174	217	186	108	198	220	126	77	93	**1537**
Female												
cur) 2001	23	127	158	175	131	106	210	191	140	94	116	**1471**
prj) 2015	27	148	184	204	152	123	245	223	163	109	134	**1712**
Combined												
cur) 2001	**37**	**232**	**307**	**362**	**290**	**199**	**380**	**379**	**248**	**160**	**196**	**2790**
prj) 2015	**43**	**270**	**358**	**421**	**338**	**231**	**443**	**443**	**289**	**186**	**227**	**3249**

Average Age for the Service Unit: **28.6**

Workload Summary...

	Year	Tota Workload	Contracted Due To Acuity	Contracted Due To Threshold	Unmet Need	Cross over	HSP Facility Workload	Projected Estimated Facility Workload
Acute Care								
Medical Bed days	***2001***	256	77	179				
	2015	295	89	207	-1		-1	
Pediatric Bed days	***2001***	145	20	125				
	2015	168	24	144				
Surgical Bed days	***2001***	166	60	106				
	2015	196	71	125				
Audiology								
Audiology Visits	***2001***	311			311		311	
	2015	365			365		365	
Clinical Engineering								
Clinical Engineering	***2001***	297			297		297	
	2015	461			461		461	
Dental Care								
Dental Service Minutes	***2001***	265050			265050		265050	
	2015	308655			308655		308655	
Diagnostic Imaging								
CT/MRI Exams	***2001***	24	24					
	2015	45	45					
Fluoroscopy Exams	***2001***	69		69				
	2015	139		139				
General Radiography	***2001***	1000		1000				
	2015	1871			1671		1871	
MAMMOGRAPHY	***2001***	363		363				
	2015	422		422				
Ultrasound Exams	***2001***	138		138				
	2015	276		276				
Education & Group Consultation								
# of staff	***2015***	94			94		94	
Emergency								
Emergency Room Visits	***2001***	1193			1193		1193	
	2015	1393			1393		1393	
Eye Care								
Optometrist Visits	***2001***	886		886				
	2015	1032			1032		1032	
Facility Management								
Service index	***2001***	8			8		8	
	2015	16			16		16	
Housekeeping & Linen								

Workload Summary...

	Year	Total Workload	Contracted Due To Acuity	Contracted Due To Threshold	Unmet Need	Cross over	HSP Facility Workload	Projected Estimated Facility Workload
Lbs of Linen	2001	4970			4970		4970	
	2015	7013			7013		7013	
Intensive Care								
Intensive Care bed days	2001	49	23	26				
	2015	57	26	31				
Laboratory								
Chem/Hema/Immun/Urin	2001	8615	517		8098		8098	
	2015	17043	1023		16020		16020	
Histo/Cytology billable	2001	55	55					
	2015	81	81					
Microbiology billable tests	2001	2045	818		1227		1227	
	2015	3812	1525		2287		2287	
Transfusion/BB billable	2001	165	3		162		162	
	2015	327	7		320		320	
Mental Health								
Mental Health Visits	2001	469			469		469	
	2015	547			547		547	
Pharmacy								
Inpatient Pharmacy	2001							
	2015	-5			-5		-5	
Outpatient Pharmacy	2001	130289			130289		130289	
	2015	254566			254566		254566	
Physical Therapy								
Inpatient Physical Therapy	2001							
	2015							
OUTPATIENT PHYSICAL	2001	1203			1203		1203	
	2015	1401			1401		1401	
Primary Care								
Primary Care Provider	2001	9517			9517		9517	
	2015	11080			11080		11080	19494
Property & Supply								
Storage Index	2001	2427			2427		2427	
	2015	4971			4971		4971	
Psychiatric Nursing								
Psych Bed days	2001	41	9	32				
	2015	47	10	37				
Public Health Nursing								
Public Health Nursing	2001	831			831		831	
	2015	965			965		965	

Workload Summary...

	Year	Total Workload	Contracted Due To Acuity	Contracted Due To Threshold	Unmet Need	Cross over	HSP Facility Workload	Projected Estimated Facility Workload
Respiratory Therapy								
Respiratory Therapy work	***2001***	11380		11380				
	2015	19157		19157				
Specialty Care								
Specialist Visits	***2001***	471		471				
	2015	545		545				
Sub-Acute								
SubAcute Bed days	***2001***	224		224				
	2015	262		262				
Surgery								
Inpatient Episodes	***2001***	70	20	50				
	2015	80	22	58				
Outpatient Episodes	***2001***	80	22	58				
	2015	92	26	66				

Appendix R: Facility Space Utilization Comparisons: 2005 to Projected Need 2015

ZIH Space Summary (2015)

The net and gross areas for the proposed facility are summarized below.

ZUNI INDIAN HOSPITAL *	Template or Discipline	Net Square Meters	Conversion Factor	Gross Sq Meters
ADDITIONAL SERVICES				
	X01	519.4	1.35	701.19
	X03	6	1.35	8.1
	X05	20	1.35	27
ADMINISTRATION				
Administration	AD	334	1.4	467.6
Business Office	BO	174	1.4	243.6
Health Information Management	HIM	362	1.25	452.5
Information Management	IM	111	1.2	133.2
AMBULATORY				
Audiology	au2	64.3	N/A	81
Dental Care	dc3	486.9	N/A	739
Emergency	er2	86.2	N/A	219
Eye Care	ec1	128.2	N/A	163
Primary Care	PC4	499.4	N/A	734
Primary Care	PC4	499.4	N/A	734
ANCILLARY				
Diagnostic Imaging	DI1	89.5	N/A	126
Laboratory	LB4	204.5	N/A	227
Pharmacy	ph4	259.5	N/A	333
Physical Therapy	pt2	252	N/A	319
BEHAVIORAL				
Mental Health	MH	162	1.4	226.8
Social Work	SW	48	1.4	67.2
FACILITY SUPPORT				
Clinical Engineering	ce1	39.1	N/A	42
Facility Management	fm2	146.2	N/A	164
PREVENTIVE				
Environmental Health	EH	55	1.4	77
Health Education	HE	27	1.4	37.8
Public Health Nursing	PHN	206	1.4	288.4
Public Health Nutrition	PNT	26	1.4	36.4
SUPPORT SERVICES				
Education & Group Consultation	egc2	126.2	1.1	151
Education & Group Consultation	EGC	376	1.1	413.6
Employee Facilities	EF	489.2	1.2	587.04
Housekeeping & Linen	hl2	46.9	1.1	56
Housekeeping & Linen	HL	32	1.1	35.2
Property & Supply	ps3	397.5	N/A	459
Public Facilities	PF	144	1.2	172.8
TOTALS		**Department Gross Square Meters**		**8522.43**
		Building Circulation & Envelope (.20)		**1704.49**
		Floor Gross Square Meters		**10226.92**
		Major Mechanical SPACE (.12)		**1227.23**
		Building Gross Square Meters		**11454.15**

Note: Pine Hill Health Clinic Space Summary is unavailable because it is an ISDA facility.